

SACRAMENTO WHEELMEN RIDE DESCRIPTION

Name of Ride: _____ Start City: _____

Date: _____ Time: _____ Start Address/Location: _____

Ride Leader: _____ Co-Ride leader: _____

Leader Phone #: _____ Co-leader Phone #: _____

Leader E-mail: _____ Co-leader E-mail: _____

Long Ride Miles: _____ Long Ride Feet: _____
Medium Ride Miles: _____ Medium Ride Feet: _____
Short Ride Miles: _____ Short Ride Feet: _____

<i>Terrain</i>	Long	Short	<i>Ride Types</i>			
Flat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Training	<input type="checkbox"/> DCT	<input type="checkbox"/> MB
Rolling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weekend	<input type="checkbox"/> Tour	<input type="checkbox"/> MG	<input type="checkbox"/> Full Moon
Moderate:	<input type="checkbox"/>	<input type="checkbox"/>				
Hilly:	<input type="checkbox"/>	<input type="checkbox"/>				
Mountain:	<input type="checkbox"/>	<input type="checkbox"/>				
Severe:	<input type="checkbox"/>	<input type="checkbox"/>				

<i>Category</i>			
<input type="checkbox"/> Casual	<input type="checkbox"/> Flexible	<input type="checkbox"/> Training	<input type="checkbox"/> Offroad

Ride Description: _____

Stores on route: Yes No Water available: Yes No

Please return this form to Ride Coordinator

Neal Bos
6104 Boothbay Ct.
Sacramento, CA 95758
E-mail: Lbos423722@aol.com
Phone: 916-684-1491

