

Rider's Mileage Record



Rider's Name _____ Email _____ Phone _____
Organization Represented (if any) _____

Date	Odometer Readings		Number of Miles
	Start	Finish	
1. _____	_____	_____	= _____
2. _____	_____	_____	= _____
3. _____	_____	_____	= _____
4. _____	_____	_____	= _____
5. _____	_____	_____	= _____
6. _____	_____	_____	= _____
7. _____	_____	_____	= _____
8. _____	_____	_____	= _____
9. _____	_____	_____	= _____
10. _____	_____	_____	= _____
11. _____	_____	_____	= _____
12. _____	_____	_____	= _____
13. _____	_____	_____	= _____

By signing below, I am attesting that the beginning and ending mileage for each date was witnessed and verified by another person who understands the importance of an honest and accurate record for the RIDE for A CURE charity event.

Rider's Signature _____ Date _____