



Hoagy's Heroes

Long Distance Charity Ride



Ride Verification Form

Participant Information (Legibly Print All Information)

Rider Name: _____ Wristband Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Passenger Name (if applicable): _____ Wristband Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Motorcycle Information

Make: _____ Model: _____ Year: _____ License Plate: _____ State: _____

Starting Information (to be completed by Hoagy's Heroes just prior to departure)

Odometer Reading: _____ Departure Date: _____ Departure Time: _____ pm Time Zone: _____

Starting Information Confirmed By: _____

Ending Information (to be completed by Hoagy's Heroes just after completion of ride)

Odometer Reading: _____ Completion Date: _____ Completion Time: _____ am / pm Time Zone: _____

Ending Information Confirmed By: _____

Total Mileage: _____ **Total Time:** _____ **Hours** _____ **Minutes** **Ride Completed:** _____

Rider Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

I, _____, a representative of Hoagy's Heroes, Inc., hereby certify that the statements in this application for certification are true to the best of my knowledge and belief.

Certified By: _____ Date: _____