Pig Trail H/D H.O.G. Ride Suggestion Form

Member Name:_____H.O.G.#_____

Daytime Phone:_____ Evening Phone:_____

Requested Ride Title:_____

Requested Date(s):_____Weather History:_____

Departure Time:_____Destination:_____

Round Trip Distance:_____Estimated Travel Time including stops:_____

Directions including fuel stops(approx. 1 every 100-110 miles)_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Will this ride require overnight stay?_____If YES, is there lodging available?_____

Lodging Name:_____Type of accommodations:_____

List any special riding gear requirements or special equipment needed:_____
_____
_____
_____

Approx. cost per person including lodging, food, fuel, and misc.:_____

Have you ridden the proposed ride route?:_____
NOTE: This is required prior to ride approval.

Are there any fees associated with this ride for event entry, etc.?_____If yes, list:_____

Does any fee benefit a charity?:_____If yes, name of charitable organization:_____

Are there any other H.O.G. Chapters involved?:_____If yes, list:_____

Signature:_____Date:_____

Board Approval:_____Officers:_____Date:_____

Activities Director Notified:_____Date:_____