

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: _____

Terrain	Long	Short	Ride Types			
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"/>	Category			
Hilly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Casual	<input type="checkbox"/> Flexible	<input type="checkbox"/> Training	<input type="checkbox"/> Offroad
Mountain:	<input type="checkbox"/>	<input type="checkbox"/>				
Severe:	<input type="checkbox"/>	<input type="checkbox"/>				

Ride Description: _____

Stores on route: Yes No Water available: Yes No

Please return this form to Ride Coordinator

Dan Anglim
4633 Danvers Lane
Granite Bay, CA95746

