VICTOR VALLEY HOG
RIDE SUGGESTION FORM

SUMITTER'S NAME: _____

PHONE / E-MAIL: _____

PLEASURE OR EVENT RIDE: _____

CHARITY NAME IF APPLICABLE: _____

SUGGESTED DATE (MONTH & DAY): _____

MAP ATTACHED: _____ MILES ONE WAY: _____ ***OVER NIGHT:*** _____

SUGGESTED ROUTE:

COMMENTS:

POINTS OF INTEREST:

SUMITT TO ACTIVITIES OFFICER: **BRAD NOTTINGHAM bradvvhoghrc@msn.com**

OR ANY PRIMARY OFFICER:

DENNIS GIRARD dennismgirard@msn.com
BJ WARREN freedom40@verizon.net
LUANN SPENCER luannspncr@aol.com