



Ride Form
Williamsport Chapter #1544
Harley Owners Group

Please Print

Name of Event: _____

Ride Day(s) and Date(s): _____

Departure Time: _____ Total Miles to Destination: _____

Depart: _____ Website: _____

Ride Ends at: _____

Description of Ride: _____

Cost: _____ Meal (if needed): _____

Lodging (if needed): _____

Organizer/Contact Person: _____ Phone Number: _____

Email: _____

Road Captain(s): _____

Signature

Approval Signature