

Sierra Foothills Cycling Club Ride Description

Name of ride _____ Date _____ Time _____

Start location:

Address _____ City _____

Ride Leader:

Name _____ Phone _____ E-mail _____

Co-Ride Leader:

Name _____ Phone _____ E-Mail _____

Long Ride Miles _____ Elevation gain (feet) _____

Medium Ride Miles _____ Elevation gain (feet) _____

Short Ride Miles _____ Elevation gain (feet) _____

Terrain:

Long ride: Rolling __ Hilly __ Severe __

Pace:

Casual __ Moderate __ Training __ Off road __

Short Ride: Rolling __ Hilly __ Severe __

If this is a Series Ride:

Frequency _____ Until (date) _____

Ride Description: (1-3 brief sentences plus any special conditions riders need to be aware of -e.g lack of water and/or food options on ride)

Other pertinent information: _____

If you are unable to use the on-line form, please send this form to the Ride Director, at P.O. Box 3124, Auburn Calif. , 95604, at least ten days before the start of the month in which the ride is proposed.

Thanks for leading this ride!