



Hoagy's Heroes

Long Distance Charity Riders



Ride Verification Form

Participant Information (Legibly Print All Information)

Rider Name: _____ Wristband Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Passenger Name (If Applicable): _____ Wristband Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Motorcycle Information

Make: _____ Model: _____ Year: _____ License Plate: _____ State: _____

Starting Information (To be completed by Hoagy's Heroes just prior to departure)

Odometer Reading: _____ Departure Date: _____ Time: _____ A.M. / P.M.

Starting Information Confirmed By: _____

Bunburner Or Bunburner Gold

Odometer Reading: _____ Ending Date: _____ Time: _____ A.M. / P.M.

Ending Information (To be completed by Hoagy's Heroes just prior to arrival)

Odometer Reading: _____ Return Date: _____ Time: _____ A.M. / P.M.

Ending Information Confirmed By: _____

Mileage: _____ **Total Time:** _____ **Hours:** _____ **Minutes:** _____

Rider Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

I, _____, a representative of Hoagy's Heroes, Inc. hereby certify that the statements in this application are true to the best of my knowledge and belief.

Certified By: _____ Date: _____