



Hoagy's Heroes, Inc. Ride Verification Form



Participant Information (Legibly Print All Information)

Rider IBA # _____

Rider Name: _____ **Wristband Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-Mail:** _____

Passenger IBA # _____

Passenger Name: _____ **Wristband Number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-Mail:** _____

Motorcycle Information

Make: _____ **Model:** _____ **Year:** _____

License Plate: _____ **State:** _____

Starting Information (to be completed by a Hoagy's Heroes, Inc. representative just prior to departure)

Odometer Reading: _____ **Departure Date:** _____ **Departure Time:** _____

Starting Information Confirmed By (HH Rep Signature): _____

Ending Information (to be completed by a Hoagy's Heroes, Inc. representative just after completion of ride)

Odometer Reading: _____ **Completion Date:** _____ **Completion Time:** _____

Completion Information Confirmed By (HH Rep Signature): _____

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

Rider Signature: _____ **Date:** _____

Passenger Signature: _____ **Date:** _____

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

Certified By: _____ **Date:** _____