



Casper Cycling Club Charitable Ride Claim Form

PRINT CLEARLY

Name: _____

Address: _____

Phone: _____

Club Function Volunteered for: _____ Date: _____

Name of Ride: _____

Date of Ride: _____

Where is the Ride: _____

Charity the Ride is Benefiting, including address to send check: _____

Ride Entrance Fee: _____

Date Entrance Fee Paid: _____

The total amount of money you raised for the charity: \$ _____

Signature: _____ Date: _____

Rules:

- A Check payable to the Charity will be sent to you prior to the ride.
- The amount of the check will match the amount of money you raised to a maximum of \$150.00.
- Send above information to CCC, PO Box 50981, Casper, WY 82605 at least two weeks prior to ride, or send in all info after ride is complete.
- Sign the statement below upon completing the ride and send to above address.
- When statement below is received, you will receive a check for \$100.00 toward entrance fee and expenses.

I _____ (name) have completed

_____ (name of ride).

Signature: _____ Date: _____