



OHC State Ride

Required Summary due 1 week after the ride.

Please fill in form and print or email

Revised 2-2018

State Ride at _____ Date _____

Sponsored by _____

Total Attendance _____

Please list the OHC Chapters attending and the number of people from each chapter.

1. _____ # _____

11. _____ # _____

2. _____ # _____

12. _____ # _____

3. _____ # _____

13. _____ # _____

4. _____ # _____

14. _____ # _____

5. _____ # _____

15. _____ # _____

6. _____ # _____

16. _____ # _____

7. _____ # _____

17. _____ # _____

8. _____ # _____

18. _____ # _____

9. _____ # _____

19. _____ # _____

10. _____ # _____

20. _____ # _____

Other Visitors and Guests

1. _____ # _____

Mail or Email to Jack Weese

2. _____ # _____

345 Buckeye Dr., Berea, OH 44017

3. _____ # _____

440-234-9668 staterides@ohconline.com

4. _____ # _____

5. _____ # _____

What did you do to make your ride special for your guests? Use a separate sheet if necessary.

Reported by _____ Phone & email _____