



OHC State Ride Summary
(Due 1 week after the ride)
(Revised 12/17/2019)

Document owner: StateTrail Rides chair
Contact info: staterides@ohconline.com

State Ride at _____ Date _____

Sponsored by _____

Total Attendance _____

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

1. _____ # _____

2. _____ # _____

3. _____ # _____

4. _____ # _____

5. _____ # _____

6. _____ # _____

7. _____ # _____

8. _____ # _____

9. _____ # _____

10. _____ # _____

11. _____ # _____

12. _____ # _____

13. _____ # _____

14. _____ # _____

15. _____ # _____

16. _____ # _____

17. _____ # _____

18. _____ # _____

19. _____ # _____

20. _____ # _____

Other Visitors and Guests

1. _____ # _____

2. _____ # _____

3. _____ # _____

4. _____ # _____

5. _____ # _____

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

Reported by _____ Phone & email _____

Snail Mail this form to:

Cindy Barnett, OHC State Trail Rides Chair
570 Lower Miamisburg Rd, Miamisburg, OH
45342 (937) 859-6009

OR

Email to: staterides@ohconline.com

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