

OHC STATE RIDE SUMMARY

Due 1 week after your Ride

Document Owner: OHC State Trail Ride Chair

Contact: Cindy Barnett: misstootoo@sbcglobal.net

Email or US Mail to: Cindy Barnett, 570 Lower Miamisburg Rd, Miamisburg, OH 45342

State Ride Location: _____

Chapter(s) Sponsored By: _____

Contact person: _____ Email _____

Total Attendance: _____ (Members) _____ Non Members/Guests _____

Please list the OHC Chapters & number of members in attendance:

1. _____ # _____ 11. _____ # _____

2. _____ # _____ 12. _____ # _____

3. _____ # _____ 13. _____ # _____

4. _____ # _____ 14. _____ # _____

5. _____ # _____ 15. _____ # _____

6. _____ # _____ 16. _____ # _____

7. _____ # _____ 17. _____ # _____

8. _____ # _____ 18. _____ # _____

9. _____ # _____ 19. _____ # _____

10. _____ # _____ 20. _____ # _____

21. Total Non-Members _____

Special Guests / Visitors *(IE OHC State Officer, Officer of another Organization, Speaker etc.) included in above count)*

_____	_____
_____	_____
_____	_____
_____	_____

What did you do to make your Ride special for your guests?
