

Please Print

CYCLIST'S NAME _____

ADDRESS _____

_____ ZIP _____

TELEPHONE NUMBER _____



Please support me by pledging \$10 for every loop I finish. DreamRideProjects.org for more information.

SPONSOR NAME (Please Print)	ADDRESS (Street, Apt. No., Zip)	TELEPHONE NUMBER	AMOUNT PLEDGED	AMOUNT COLLECTED
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TOTALS				

Your support helps us raise funds for the Lancaster County Public Safety Training Center Memorial Park

Ride To Remember