

Foothills Chapter Ride Planning Form

Member Name: _____

Phone: _____ Email: _____

Ride Title: _____

Proposed Date(s): _____ **Destination:** _____

Meet time at CHD: _____ Departure time (KU): _____

Ride Distance: _____ Estimated Travel Time (including stops): _____

Directions Including Fuel Stops (plan 1 stop every 100 miles):

Foothills HOG #5117
6895 W. Chandler Blvd.
Chandler, AZ 85226
480-496-6800

Is this an overnight ride?: _____ Lodging: _____

NOTE: All riders should arrive with a full tank & be prepared to ride in all weather conditions.

Have you ridden the proposed route?:

Approx. cost per person including lodging, food, fuel & misc.:

Are there any fees associated with this ride?: _____ If yes, list: _____

Are there any other HOG Chapters involved?: _____ If yes, list: _____

When Ride Plan is completed, please email to Ride Plans for approval.

Completed, please email to [Rideplans@foothillshsg.org](mailto:rideplans@foothillshsg.org)