

TWHBEA HOST A RIDE PROGRAM

(Please type or print clearly)

DATE OF EVENT _____

LOCATION OF EVENT _____

DIRECTIONS TO EVENT _____

SPONSORING ORGANIZATION _____

PRINT NAME _____ DATE _____

EVENT ORGANIZER SIGNATURE _____

MEMBERSHIP # _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE(S) CELL _____ HOME _____

REMAINING FUNDS: _____

AMOUNT ENCLOSED: _____

*SEND COMPLETED APPLICATION TO TWHBEA, ATTN: TWHBEA
TRAILS PROGRAM P.O. BOX 286, LEWISBURG, TN 37091*

Once event is completed organizers should return this form with any unused funds, receipts, write-up, and photos.