

TERA SPONSORSHIP REQUEST

Please complete and return to any TERA Board member, at least 90 days prior to ride date.

RIDE NAME: _____

LOCATION: _____

RIDE MILEAGE(S): _____

RIDE DATE(S): _____

RIDE MANAGER: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

TERA MEMBERSHIP NUMBER: _____

I last attended TERA Ride Manager Training in _____ (year).

HEAD VET: _____

SIGNATURE OF RIDE MANAGER: _____

DATE: _____

SIGNATURE OF TERA OFFICER: _____

DATE: _____