

COGS Ride Submittal Form

Ride Date(s): _____

Day(s) of Week: _____

Ride Title: _____

Ride Start: _____

(Please give complete and detailed directions to start location.)

Start Time(s): _____

Skill Level(s): _____

(Escargot, Leisure, Social, Moderate, Brisk)

Ride Distance(s): _____

(If more than one loop, please give distances for each loop offered.)

Ride Terrain(s): _____

(Flat, Rolling, Rolling with Hills, Hilly)

Ride Leader(s): _____

(Please include contact information, telephone number(s) or e-mail address(es).)

Ride Details: _____

(Note if participants should bring a lunch or plan to stop at an establishment along the way for refreshments. Note any special expenses like ferry tolls. Note planned before or after-ride activities, or special sites along the route.)

Mail completed form to:

**Rides Director
Cyclists of Greater Seattle
P.O. Box 31423
Seattle, WA 98103-1423**