

SPACE COAST H.O.G. RIDE SCHEDULING SHEET

ROAD CAPTAIN: _____ PHONE NUMBER: _____

RIDE DESTINATION (NOT A RESTAURANT): _____

RIDE DATE: _____ DAY OF WEEK: _____

KSU LOCATION: _____ KSU DEPARTURE TIME: _____ MILES TO DESTINATION: _____

I95 LIKE SEGMENTS: YES ____ NO ____

RIDE ROUTE (KEY SEGMENTS): _____

ROUTE CONTINUATION: _____

SPECIAL INFORMATION / INSTRUCTIONS: _____

2ND PICKUP POINT: YES ____ NO ____ IF YES: LOCATION: _____ TIME: _____

FOR BEHIND THE SCENE PLANNING, ARE YOU PLANNING A RESTAURANT STOP: YES ____ NO ____

IF YES: NAME OF STOP: _____ ADDRESS OF STOP: _____

TYPE OF STOP: BREAKFAST: ____ LUNCH: ____ DINNER: ____ OTHER (i.e. ICE CREAM): ____ TYPE _____

NOTES: (1) PLAN REST STOPS AFTER EITHER 1 ½ HOURS OF RIDING, OR 100 MILES OF RIDE DISTANCE; (2) IF AT TIME OF RIDE PLANNING SHEET SUBMISSION ALL DETAILS OF THE RIDE, I.E. RESTAURANTS, ARE NOT LOCKED IN ENTER "TBD"

- * TO THE BEST OF YOUR ABILITY, COMPLETE THE FORM FOR YOUR PLANNED RIDE
- * QUESTIONS WILL BE ANSWERED BY THE HEAD ROAD CAPTAIN OR RIDE SCHEDULE PLANNER DURING THE RIDE REVIEW PROCESS
- * ENSURE YOU HAVE REVIEWED THE DIRECTORS RIDE GUIDANCE, AND NOTE RECOMMENDATIONS ABOVE, FOR COMPLIANCE
- * COORDINATE THE RIDE INFORMATION AND DATE WITH THE HEAD ROAD CAPTAIN OR RIDE SCHEDULE PLANNER
- * TURN IN YOUR APPROVED FORM TO THE HEAD ROAD CAPTAIN OR RIDE SCHEDULE PLANNER, AT EITHER THE MONTHLY RIDE PLANNING MEETING OR VIA DIRECT SUBMISSION