



## MFTHBA National Trail Ride Follow Up Report

Name of Event: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Number of Riders** (*attach Releases & Rider Signup Sheet*) \_\_\_\_\_ **Total Ride Fees: \$** \_\_\_\_\_

Ride for Cancer donation: \$ \_\_\_\_\_ Donated To: \_\_\_\_\_

Ride Summary Comments:

Plans for the Future:

***Attach rider signup sheet(s) and releases***

***mail to:*** MFTHBA  
ATTN: Trail Committee  
P.O. Box 1027  
Ava, MO 65608

Office Use Only:

Date Received: \_\_\_\_\_ Total Amount Received: \_\_\_\_\_ Date Point's Entered: \_\_\_\_\_