



## Combined Mileage Incentive Program Application Form 2011



Please send this completed form no later than two weeks after the last ride of the season  
to Points and Mileage Caretaker:

**Joanne Schneider, 5061 Grouhel Road, Ladysmith, BC V9G 1J4.**

Email [jl.schneider@shaw.ca](mailto:jl.schneider@shaw.ca)

Rider's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of ride	Date	Miles	ER (check)	CTR (check)			Name of ride manager	Signature of ride manager*			
				Level					DIV		
				1	2	3			J	LW	HW

The rider named must be a valid member of either BCCTRA or ERABC and have ridden in a minimum of 1 CTR and ER in 2011 to qualify. If the form is filled out after the ride manager can sign the form, proof of ride results should be attached to the application indicating participation.