



## Combined Mileage Incentive Program Application Form 2010



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

**Barbara Smith, Box 68 Coombs, BC V0R 1M0 Phone 250-248-6785 Email: [bmith@shaw.ca](mailto:bmith@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 2010 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.