

AERC Day Member Contact Information

Ride _____ Distance _____ Date _____

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Return with ride results to the AERC office: P.O. Box 6027, Auburn, CA 95604