North and East Yorkshire Group of EGB Pairs Award Entry Form

 Rider A Name_____EGB Number
 Rider B

 Name_____EGB Number
 EGB Number

| Helped at Ride Name | Ride Organiser Initials | Helped at Ride |
|---------------------|-------------------------|----------------|
| Name | Ride Organiser Initials | |

| DATE | RIDE NAME | DISTANCE IN KMS | RIDE ORGANISER SIGNATURE |
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AT THE END OF THE SEASON PLEASE SEND YOUR FORM TO THE TROPHY SECRETARY BY 30.11.2015, ADDRESS ON THE WEBSITE

DELETE AS APPROPRIATE 1 ROSETTE TO BE COLLECTED IN PERSON AT THE AGM RIDER A YES/NO RIDER B YES/NO

2 CERTIFICATE TO BE POSTED TO RIDER A NAME AND ADDRESS RIDER B NAME AND ADDRESS