

RIDERS' SCHEDULE FORM

Team Name: _____

Captain's Name: _____

Daytime Phone: _____

E-mail Address: _____

Race Time:	Participant Name	E-Mail Address	Mileage	Time	Other Comments
9:00 a.m.					
9:30 a.m.					
10:00 a.m.					
10:30 a.m.					
11:00 a.m.					
11:30 a.m.					
12:00 a.m.					
12:30 a.m.					
1:00 p.m.					
1:30 p.m.					

Please encourage your team members to arrive at least 15 minutes prior to their race time.

**FAX this form to UCP of MN at 651-646-3045, or e-mail to director@ucpmn.org
by
MONDAY, January 30, 2012**