

Cycling for Scouts



Virtual Ride

2020 Virtual Ride Registration

Return completed form and fees to:

Cimarron Council, BSA
317 N. Grand
Enid OK 73701

Primary Rider's Name: _____

Address: _____ City: _____ ST: ___ Zip: _____

Primary Phone (Mobile/Home/Work, circle one): _____

E-mail address: _____

Additional Rider: _____

Additional Rider: _____

Additional Rider: _____

Additional Rider: _____

Table with 4 columns: Please select below, Each, Quantity, Total. Row 1: Virtual Ride, \$10, blank, blank. Row 2: Total, blank, blank, blank.

Method of Payment (circle one):

Cash Check (#_____) Visa Mastercard

Payable to: Cimarron Council, BSA

Card #: _____ Expiration Date: _____

Signature: _____