

Ohio Association of Regular Baptist Churches – Sponsor Form

OARBC Scholarship Bike Ride



Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Trail to Ride _____ Miles to Ride _____

Sponsor	Address	Amount Per Mile	Total/Paid
1.			
2.			
3.			
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20.			

Bring Completed Form and money with you on Morning of the Ride!

