

SPONSORED BIKE RIDE AND WALK RECORD OF PARTICIPANTS



Church/Chapel		Date				
Parish						
Local Co-ordinator responsible for Bike Ride	: Name	email	email			
NAME One person per line please	CHURCH T	O BENEFIT	MODE OF	TRAVEL	TIME	
Total number of visitors (this sheet):	BIKE:	CAR:	WALK:	OTH	IER:	

Registered Charity Number: 271176



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Please use both sides of this sheet, fill in the total, and return with white Church/Chapel payee return form – please do send this in even if you think you have no participants, as you may have supporters online.