

**Nashoba Valley Pedalers  
RIDE REPORT FORM**

Please complete this form once the ride has occurred and mail to the Activities Chairperson, c/o P.O. Box 2398, Acton, MA, 01720. Please include the sign-in sheets and two copies of the cue sheet. Thanks for leading a ride!!

Leader \_\_\_\_\_ Co-leader/Sweep \_\_\_\_\_

Ride Name \_\_\_\_\_ Ride Type & Terrain \_\_\_\_\_

Date of Ride \_\_\_\_\_ Start Time \_\_\_\_\_ Day of the Week \_\_\_\_\_

Starting Location \_\_\_\_\_ City/Town \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Total # of Riders \_\_\_\_\_ Mileage \_\_\_\_\_ If multiple routes, list # of riders and mileage for each: \_\_\_\_\_

**Highlights of the ride.** Please describe the highlights of the ride and anything that was especially good about the ride. We may use your report in *The Pedaler!*

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Deviation from original plan, if any. If the ride was cancelled, what was the reason?

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What would you differently next time?

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Please describe the riding abilities and standards on the ride. For example, strength of the riders, average MPH, riding quality (obeyed the rules of the road, group riding etiquette, etc.).

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Any accidents? \_\_\_\_\_ Any serious discipline problems? \_\_\_\_\_

Any medical problems? \_\_\_\_\_ Any mechanical problems? \_\_\_\_\_

If the answer is YES to accidents, please complete **LAB/American Specialty First Report Form**.  
If the answer is YES to any of the other above, please elaborate (use more paper if needed).

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Signature \_\_\_\_\_

Date \_\_\_\_\_