

REV IT UP RIDE 2024

Rider Accounting Form

Participants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Waiver Signed: _____

Cash and Checks Submitted with this form: _____

Total Amount Raised: (includes online revenue, cash and checks): _____

I need a receipt for the cash that I am turning in today. Receipts will be mailed in 2-3 weeks.

Participant Signature: _____

Verified by _____
(On site Registration Volunteer)



To Benefit Special Olympics
Michigan



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