

Date

Kentucky Chapter Visitation



Chapter

Take this sheet with you anytime your Chapter is visiting another Chapter and complete the requested information.

Submit all Chapter Visitation forms on a monthly basis to the Kentucky Visitation Coordinator, Ray and Kathy Conrad, 860 South Main Street, Williamstown, KY 41097.
Chapter Visitation Forms are due by the 10th of the following month.

Failure to turn in Chapter Visitation Form(s) by required date invalidates forms.

Chapte	r Visited					Location	_	
<u>Mileage</u>	<u>Points</u>		<u>Participation</u>	10	<u>Points</u>	Event Type	<u>Points</u>	
1-50	10		3	10 20		Chapter Calendar Event	10	
51-100	20		4-6	30		Monthly Chapter Gathering	25	
101-200	30		7-10	40		State Approved Special Event	50	
201-300	40		11-15 16-20	50 75		Wing'd Rider Rally**	150	
301+	75							
			21+	100		Kentucky Rally – The Blast**	150	
Mileage Points		Participation Points	_		** Event Qualifies for D Event Points	ouble Points		
•	he Year Vis		•	,		h (2 Points)	ear Points	
	uble Points	s: Yes_	(Grand Total	= Tota	Ix2) No_	Individual of the Year) (Grand Total = Total) of riders/co-riders x 5 points)	Grand Total	
		Fin	al Total (Grand T	otal + l	Bonus for F	Riding)		
	Ar	o Officer	of host Chapter m	ust veri	fy the inform	nation contained on this form.		
Verified by:						Chapter		
Directo	r / Assista	nt Chapt	er Director / Ride		nator / Tre Circle One)	easurer / Membership Enhance	ement Coordinator	