

## Commuter Log RideFinders Summer Challenge

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_

Day of the month	MAY		JUNE		JULY		AUGUST		SEPTEMBER		
	Number of Miles	Mode Used	Number of Miles	Mode Used	Number of Miles	Mode Used	Number of Miles	Mode Used	Number of Miles	Mode Used	
7	22	Bus	EXAMPLE		EXAMPLE		EXAMPLE		EXAMPLE		
1											
2											
3											
4											
5											
6											
7											
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25											
26											
27											
28											
29											
30											
31											
Total Miles	_____		Total Miles	_____		Total Miles	_____		Total Miles	_____	

I certify that the information reported is accurate and in compliance with the rules and provisions of RideFinders Summer Challenge.

\_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

Fill it out and mail to: RideFinders, P.O. Box 1239, Richmond, VA 23218-1239

Or fax to (804) 649-2513

Or e-mail to: [cruffin@ridefinders.com](mailto:cruffin@ridefinders.com)