

TA02 Night Riding Request

All participants will review the requirements listed below.

Instructions: Complete the form and submit to: ng.ar.ararng.list.rmtc-sportsmen-program@mail.mil or deliver to Post Operations. Carry a copy of the completed form during the ride. Please allow 2-3 days for approval of this form.

1. Ride only trails that you are familiar with. All riders should carry a map and ride the trails/route during the daytime prior to riding at night.
2. Carry a primary and a backup light system.
3. Carry a working Cell phone.
4. Use a "buddy system" when riding at night; no one rides alone.
5. Carry a recovery kit consisting with the following items at a minimum: inner tube, inflation device, patch kit.
6. Wear a helmet and eye protection.

Ride Details

Date _____ Start Time _____ End Time _____

Rider Details

Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____
Name _____	Cell _____

Group Organizer Signature

Approver Signature

IN CASE OF EMERGENCY CONTACT: 501-212-5280