We, the undersigned Sponsors, undertake to pay the sum shown against our names in recognition of the rider having taken part in the Liphook Charity Bike Ride

Name	Address	Sponsored Amount

Total sponsorship this page: **£**

Name	Address	Sponsored Amount

Total sponsorship this page: **£**

Name	Address	Sponsored Amount

Total sponsorship this page: **£**

Total Sponsorship: **£**

The 29th Liphook Charity Bike Ride Sunday 7th June 2020

Sponsorship Form

Rider Name: _____

Rider Number: _____

Address: _____

_____

_____

_____

If you are not riding for a specific charity
then your sponsorship money
will be distributed to the LiDBA
supported charities and local causes.

Upon completion of the Ride, you will be given a
Certificate to show your Sponsors

www.liphookbikeride.com **www.lidba.co.uk**