



REGISTRATION FORM

To reserve a confirmed seat in an upcoming class, complete this form and mail with payment to:

Attn: Christy
Motorcycle Rider Instruction
7837 SW 102 Place
Miami, Florida 33173-3903

___ Basic Rider Skills Course

___ Experienced Rider Course

___ Riding Exam

Class Date (preferred) and Location

First Name (as it appears on your Driver license)

Middle Name (as it appears on your Driver license)

Last Name (as it appears on your Driver license)

Address

City

State, ZIP

Age

Date of Birth (MM-DD-YYYY)

Gender

___ Male ___ Female

Riding Experience

Driver License Number and State

Daytime Phone

Evening Phone

Other Phone (mobile)

E-mail

Best time to reach me is

Wait list: I would like to be called if there is a cancellation prior to my confirmed date ___ Yes ___ No

All applications for the Basic Rider Course must be accompanied by a check or money order payable to Motorcycle Rider Instruction for class fees. Upon receipt of your registration form and fee our scheduler will call with current class availability and to confirm a course based on your selection. Late cancellations (within seven days of the class) or failing to be at class on time will require a cancellation/ rescheduling fee.

Questions? Call us for details at 305-271-4311 and get more information. Thank you.

I agree to adhere to class policies.

Signature _____ Date _____

Paid date _____ Check # _____