



Class Registration Form

Name _____

Address _____

Phone _____

Email _____

Course:

- Precision Maneuvering School Date: _____
- Basic Off-Road School Date: _____
- Adventure Riding School Date: _____
- Other: _____ Date: _____

Motorcycle I'll be riding _____

Riding Experience: _____ yrs. _____ mos.

Type of rider (check all that apply; circle main interest):

- Sport Off-road – recreational
- Sport-touring Off-road - competitive
- Cruiser Have road racing license
- Touring Commuter
- Adventure LEO
- Dual-sport Scooter

Previous Training (check all that apply)

- MSF BRC
- Harley Davidson Rider's Edge
- MSF ERC
- Other _____
- None

Where would you like to see yourself improve during this course? (check all that apply)

- Emergency braking
- Combining braking and swerving
- Stability and confidence at low speed
- Evasive maneuvers – low and high speed
- Other _____

Please mail your registration form and include a check. We will send you a confirmation via email within one week of receipt of your check. For more information, visit our website at www.motomark1.com.

