



Class Registration Form

Turning Ordinary Riders into... Extraordinary Drivers

Name _____

Address _____

Phone _____ Email _____

Course:

- | | | |
|--------------------------|------------------------------|-------------|
| <input type="checkbox"/> | Precision Maneuvering School | Date: _____ |
| <input type="checkbox"/> | Basic Off-Road School | Date: _____ |
| <input type="checkbox"/> | Adventure Riding School | Date: _____ |
| <input type="checkbox"/> | Other: _____ | Date: _____ |

Motorcycle I'll be riding _____

Riding Experience: _____ yrs. _____ Mos.

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

- | | | | |
|--------------------------|---------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Sport | <input type="checkbox"/> | Off-road – recreational |
| <input type="checkbox"/> | Sport-touring | <input type="checkbox"/> | Off-road – competitive |
| <input type="checkbox"/> | Cruiser | <input type="checkbox"/> | Have racing license |
| <input type="checkbox"/> | Touring | <input type="checkbox"/> | Commuter |
| <input type="checkbox"/> | Adventure | <input type="checkbox"/> | LEO |
| <input type="checkbox"/> | Dual-sport | <input type="checkbox"/> | Scooter |

Previous Training (check all that apply)

- | | | | |
|--------------------------|------------------------------|--------------------------|-------------|
| <input type="checkbox"/> | MSF BRC | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Harley Davidson Rider's Edge | <input type="checkbox"/> | None |
| <input type="checkbox"/> | MSF ERC | | |

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

- | | | | |
|--------------------------|--|--------------------------|----------------------|
| <input type="checkbox"/> | Emergency braking | <input type="checkbox"/> | Road Surface changes |
| <input type="checkbox"/> | Combining braking and swerving | <input type="checkbox"/> | Single/double track |
| <input type="checkbox"/> | Stability and confidence at low speed | <input type="checkbox"/> | Handle Obstacles |
| <input type="checkbox"/> | Evasive maneuvers – low and high speed | <input type="checkbox"/> | Stream Crossings |
| <input type="checkbox"/> | Other _____ | | |

Please complete this registration form to reserve your spot in the selected class. For more information, visit our website at www.motomark1.com.

Motomark1, LLC ~ 200 Caristonia Way ~ Apex, NC 27502 ~ 919-637-0947

Make Checks Payable To: MotoMark1, LLC

Please Enter Your Credit Card Information:

Type of Card MasterCard Visa Discover

Credit Card #: _____ Amount \$ _____

Expiration Date: ____/____ Month/Year Security Code from back of card: _____

Name as it appears on Credit Card: _____

Signature: _____