

Motorcycle / Scooter Registration Form

(Please Fill In All Information Requested)

First Name:	Last Name:	Ag	de:
Address:			
City/Town:	Province:	Postal Code:	
Home Phone:	Work Phone:	Cell Phone:	
Fax: E-	mail:		
Reason for Taking the Course:			
How Did You Hear About Our Motorcycle Training Program:			
COURSE NUMBER AND DATES:			
SECOND CHOICE: :			
(We will notify you if you did not get your first choice and we'll automatically put you in your second choice course)			
PAYMENT METHOD:			
CashChequeVisaMasterCard			
If you do not own a helmet please ensure you get one. They can be rented for \$10.00 a course.			
Helmet Rental: (Please Circle One) Yes No			
MasterCard or Visa Credit Card # Expiry Date:			
Total Amount: \$			
Card Holder Name:			

PLEASE NOTE **

Payment is required while registering. If payment is not received you will not be on our attendance list and you will not be allowed to participate in our courses. Please send a cheque or your credit card number on your registration form to our office for payment.