

	T.E.A.M. Arizona RiderCourse Registration Form	Please update name and address as it should appear on your license, if necessary.
--	---	---

Name		e-mail	
Address			
City		State	Zip
Evening Phone		Daytime Phone	
Date of Birth	Age	Sex	Occupation

D.L. Number		Permit Number	
State	Endorsements	State	Restrictions
Class	Expiration	Class	Expiration

Motorcycle Information	Make	Model
	Size	Year

Riding Experience	Current	Years / Months	Years Ago	Dirt
-------------------	---------	----------------	-----------	------

Any other rider training?	
---------------------------	--

If you are a member of a cycle club or organization, please provide some information	Organization
	Member Number

T.E.A.M. Arizona Use Only		If your name or address on this form are different from what you want to appear on your driver's license, please clearly update this form. Read and sign the acknowledgements on the reverse of this form. Bring this completed form to your first class session. If you are under 18 years of age, a parent or guardian will have to sign the release. This signature must be notarized, or witnessed by our instructor.
Course No	Student No	
Completion Date	Tuition Paid	
RERP No	Knowledge Test	
Site	Skill Test	
City	Student Status	
State	Completion Card No	