



RIDER'S EDGE® SKILLED RIDER COURSE

REGISTRATION FORM

Registration method: In person By phone Internet

First Name: _____ M.I. _____ Last Name _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____

Email: _____

Date of birth: ____/____/____ Gender: _____ Height: _____ feet _____ inches

Drivers license #: _____ State: _____ Expiration Date: ____/____/____

Learner's permit: Yes No Expiration Date: ____/____/____

Motorcycle Registration? Yes No

Motorcycle Owner? Yes No

Proof of Insurance? Yes No

What make of motorcycle do you ride? Harley-Davidson® Buell®
 Other _____ None

What size motorcycle do you ride? _____ cc

Comments: _____

What is your reason for taking this course? I take it periodically Obtain a license
 I haven't ridden in a while Other _____

Have you taken a beginner motorcycle safety course before? Yes No

If yes, which course did you take? Rider's Edge® New Rider Course
 State Operated Course Other/Other Private entity

Describe your motorcycle experience?

- It's been more than 5 years since I've ridden a street motorcycle
- I have less than 1 year riding experience on a street motorcycle
- I have between 1 - 4 years riding experience on a street motorcycle
- I have between 5 - 9 years riding experience on a street motorcycle
- I have between 10 - 14 years riding experience on a street motorcycle
- I have 15 or more years of riding experience on a street motorcycle

How many miles do you typically ride in a year?

- Less than 3,000 miles per year 10,000 - 20,000 miles per year
- 3,000 - 5,000 miles per year More than 20,000 miles per year
- 5,000 - 10,000 miles per year

How did you hear about this course?

- Flyer Special Event/Promotion Radio Dealership Friend/Family
- Internet Magazine Newspaper Other – Specify: _____

Do you wish to be contacted by direct marketing? Yes No

Social Security Number _____