



Gold Wing Road Riders Association

Rider Education Training



Region / District / Chapter _____

Rider Course Registration Form

NAME: _____ GWRRR MEMBERSHIP NO. _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

M/C MAKE / MODEL/ YEAR _____

Previous M/C training, including dates and locations: _____

Course Title *Please check (✓) one or more:* Co-Rider Course

Road Captain Course GWRRR Trailering Course Parking Lot Practice

ARC / ERC Other (*Please specify*) _____

Course Fee: \$ _____ Deposit Enclosed: \$ _____

Date: _____ Signature: _____

NOTE: A GWRRR range course requires a non-refundable deposit of \$20.00. If you are registered for a course and are unable to attend, you may arrange for an alternate. Please return this completed form along with any required deposit to your Rider Educator.