

Motorcycle Safety BRC Course Application

Registration: Basic Rider Course 3 Wheel BRC 2

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

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work/home Phone: _____

Date of Birth: _____ Gender: Male / Female

Height: Feet Inches E-mail: _____

Driver's License #: _____ State: _____ Expire Date: / /

MC Learners Permit? Yes No Expire Date: / /

Do You Have a Motorcycle License? Yes No

Are You a Motorcycle Owner? Yes No

Do you have a restricted license due to a driving while impaired conviction Yes No

Can you ride a bicycle?

- Yes
 No

Describe your Motorcycle Riding Experience (select the one that best describes the student):

- I have never been on a motorcycle before (even as a passenger).
 I have ridden only as a passenger.
 I have ridden an off-road motorcycle (dirt bike, trail bike, etc.) but never a street motorcycle.
 I have ridden a street motorcycle.

If you have ridden a street motorcycle, please describe your level of street riding experience:

- It's been more than 5 years since I've ridden a street motorcycle.
 I have less than 6 months riding experience on a street motorcycle.
 I have less than 3000 miles riding experience on a street motorcycle.
 I have ridden a street motorcycle for more than 6 months or more than 3000 miles.

Have you taken a beginner motorcycle safety course before?

- Yes
 No

How did you hear about this course? (check all that apply):

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

How did you become interested in riding a motorcycle? (Check all that apply):

- A friend rides.
 My partner/spouse rides.
 My parent(s) ride.
 I've had the desire to ride for a long time.
 Advertising/Promotion
 Other - Please Specify:

Please choose your preferred class schedule:

- Saturday 8:00 am – 6 pm; Sunday 8:00 am – 3:00 pm
 Tuesday 8:00 am – 6 pm; Wednesday 8:00 am – 3:00 pm

Please send back to: Southern Tier Academy of Riding, 1152 Front Street, Binghamton, NY 13905

Phone: 607-773-0264 Fax: 607-773-0281

Email: star@sthd.com