

Motorcycle Information Form

Please Complete and return with the registration form and application form.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.

HOME: _____

WORK: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____

Course Dates:

1ST Choice _____

2ND Choice _____

3RD Choice _____

You will be given your 1st choice if there are slots available. If your 1st choice is not available I will go to the 2nd choice and so forth. There are only twelve slots per class and it first come first serve. To reserve a slot I will need the SWCC registration form, SWCC application (all 3 pages must be completed), add/drop form (so if for some reason you need to drop the class you can give me a call and I can submit the form) completed and the tuition.