



Registration Form

Last Name: First Name: M.I.:

Address:

City: State Zip+4:

Home Phone: Work Phone: Cell Phone:

Email: _____ Birth Date: Sex: Male Female

Driver's License #: State

Classification (check all that apply):

A B C D L M CDL Non-Illinois Licence

This registration is for (check only one):

Basic Riding Course Intermediate Rider Course
 Basic Rider Course 2 Trike Rider Course

Choice 1 Course #: Choice 2 Course #: Choice 3 Course #:

Choice 4 Course #: Choice 5 Course #: Choice 6 Course #:

If all your choices are full, which of the following would you prefer?

Standby List Next Available Class Do Not Register; Refund Fee

Amount Enclosed:

**Send to: Motorcycle Rider Program
1435 Douglas Drive
Southern Illinois University
Carbondale, IL 62901**