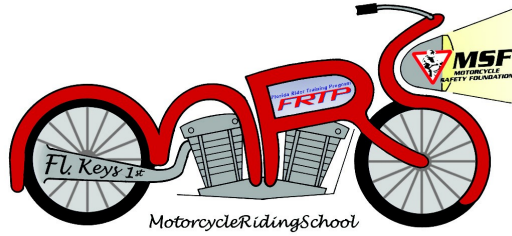


REGISTRATION FORM



305-394-5085

Full Name (as it appears on your Driver License)

First Middle Last

Address

Best time to call:

State / Zip / County /

Home Phone Fax Cell Work Email
(for FL Keys 1st MotorcycleRidingSchool (MRS) use only. Name, Email, Fax or Phone # are not being sold to other entity)

Drivers License Number: _____ Gender: **M** **F**

I attest my Driver License is valid: _____ (Initials) DOB: _____ mm/dd/yyyy

Have you ever ridden a motorcycle before? **Yes** **No** If yes, what kind? What experience?

How did you hear about us?: _____

Please advise which class date you are interested in attending:

FIRST CHOICE: _____ **SECOND CHOICE:** _____
or if you do not have a particular choice, please leave blank and we will contact you to discuss available dates.

Please complete this registration form and return to:

FL Keys 1st MRS, P.O. Box 522526, Marathon Shores, FL 33052-2526

Along with the completed registration, please return a check or money order made payable to:

FL Keys 1st MRS, LLC in the amount of \$275.00 for the Basic Rider Course.

(Returned checks are subject to the maximum fee allowable by law) PLEASE NOTE that we can not confirm or guarantee a place in the class until this registration is completed and payment is received in full. Upon receipt and verification of application and payment. We will call you to confirm or send a confirmation e-mail (if provided) Please see Policies & Guidelines on our web-site for Refunds, Re-Scheduling, Late Arrivals and other important issues. **THANK YOU** - we look forward to having a great riding experience with you.

Do Not Write Below This Line

Payment received: Type: cash check CC Confirmation call: _____ Student confirmed:

Class Date: _____ Student OK:

Notes: