|  |  |
| --- | --- |
| **Location:** | Herb Graham Recreation Centre Chesterfield Rd. Mirrabooka |
| **Date:** | Saturday 28th May 2016 |
| **Time:** | 9.30am – 12.30pm |

***RSVP TO DAVE WRIGHT on 0418 954 424***

Please complete the Registration and Declaration Form.

You are required to submit this form to Dave Wright at davmar08@bigpond.com

 Or confirm calling 0418 954 424

PLEASE PRINT CLEARLY

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Middle Names  |  |
| Surname |  |
| Date of Birth  |  |
| Male/Female  |  |
| Mobile No. |  |
| Email Address |  |
| Postal Address  |  |
| Street |  |
| Suburb |  |
| State  |  |

|  |  |
| --- | --- |
| How many years have you been riding? |  / years |
| What class of motorcycle licence do you hold | L / RE / R |
| What type of rider are you? (PLEASE SELECT ONE)  | Novice rider | Returning rider | Long-time rider |

