



Rider Course Enrollment Information Form (CSS)

Please print legibly

Training Center Information

Training Center Location Motorcycle Safety Academy – Seton Keough

Course Type: (Circle one): BRC ABRC BRC2 RRC ARC Other _____

Course Date(s): _____ Course ID#: _____

Participant Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix (Sr., Jr., etc.): _____

Date of Birth (mm/dd/yyyy): _____ Gender (Circle one): Male/Female

Address: _____ City: _____

State: _____ Zip code: _____ - _____

Email address: _____

Primary Phone Number: _____ - _____ - _____ Alt. Phone Number: _____ - _____ - _____

Driver's License Number: _____ State/Province: _____

Prior Motorcycle Riding Experience: _____ (years) or _____ (months) and _____ (miles)

Prior Motorcycle Training (circle one): Yes / No

If yes: What year did you take training: _____

What state did you take the training in: _____

What type of training was it: (formal, informal or military): _____

What is your reason for taking this class today? (check the option that applies)

- I am under 18 years of age _____
- To continue education _____
- Spouse request/with a friend for support _____
- To become a safe rider _____
- MVA test difficulty _____