

Please print form and mail checks to:

Paul Syrock
P.O. Box 1285
Alma, AR 72921

479-670-2946 ridinsafe@gmail.com

Motorcycle Safety and Training Center Rider Course Student Registration Form

General Information

First Name		M.I	Last Name		
Mailing Address					
City		State	_Zip Code		
Date of Birth	Driver's Lice	ense #		State	
Phone		Alternate	e Phone		
Email					
Emergency Contact Info	ormation				
Name					
Phone					
Course Date Requested	l				
Please check the website so	chedule and	place you	ır desired course	e date here.	
First Choice	Se	cond Ch	oice		
Desired Rider Course (d	circle one)				

Basic Rider Course (BRC) - \$250 Experienced Rider Course (ERC) - \$150

PAYMENT INFORMATION

Personal Check, Cashier's Check, or Money Order. Make payable to Paul Syrock. Mail to address above.