

Registration Form

Riders Name: _____

Phone: _____

Parents Names: _____

Phone: _____

Other Contacts Name: _____

Phone: _____

Doctors Name(s): _____

Phone: _____

Riders Address: _____

E- Mail Address: _____

What kind of bike do you ride? _____

Skill Level: _____

Number: _____

What do you hope to learn from the class / camp? _____

Fears or concerns when it comes to riding: _____

Who's your favorite rider? _____

What do you hope to accomplish in Motocross? _____

Requested Event / Track, Date and Time? _____
