

# **Registration Form**

## **The Road Captain Motorcycle Tours**

**Rider Name (First, middle initial, last)**

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Zip \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Year, make, model of motorcycle *(If you are planning to rent, please indicate details below)* \_\_\_\_\_

Total years of riding experience? \_\_\_\_\_

Estimated miles ridden in past 2 years? \_\_\_\_\_

Have you completed a Motorcycle Rider Education Course? \_\_\_\_\_

At what level would you rate your riding skill?

Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

What is the maximum number of miles you have ridden per day on a motorcycle?

\_\_\_\_\_

The motorcycle you use on tour must comply with state and local laws regarding noise and safety equipment; do you have any reason to believe that it would not?

\_\_\_\_\_

Do you have any special dietary requirements? *(Please describe.)*

\_\_\_\_\_

Prefer smoking ( ) or non-smoking ( ) accommodations  
*(Please note that smoking accommodations are not available in many cases.)*

**Co-Rider Name (First, middle initial, last)**

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Zip \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Total years of co-riding experience? \_\_\_\_\_

Estimated miles ridden in past 2 years? \_\_\_\_\_

What is the maximum number of miles you have ridden per day on a motorcycle?

\_\_\_\_\_

Do you have any special dietary requirements? *(Please describe.)*

\_\_\_\_\_

Prefer smoking ( ) or non-smoking ( ) accommodations  
*(Please note that smoking accommodations are not available in many cases.)*