

Ride Right Otago Registration Form.

Name:

Address:

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Home Phone: **Work Phone:**

Cell Phone: **Email:**

Are you the Rider or Pillion:

Motorcycle Licence Type: (Please tick the appropriate box below)

Learner Permit: Restricted Licence: Full Licence:

Current Riding Experience:

Number of months or years:

Previous riding experience:

Number of months or years:

Make and model of Motorcycle:

Course dates: (Please tick the appropriate box below for the date you would like to attend)

Sunday 26th Sept 2010 Sunday 31st Oct 2010 Sunday 21st Nov 2010

Sunday 12th Dec 2010 Sunday 30th Jan 2011 Sunday 13th Feb 2011

Sunday 27th Feb 2011 Sunday 13th Mar 2011 Sunday 3rd Apr 2011

Indemnity: By signing this form I hereby acknowledge that while I am participating at the Ride Right Otago course, I agree to abide by the rules and regulations governing this course. I will hold blameless any officer or member of the Ride Right Otago course, or the landowner for any injury or accident that I may incur whilst on or after this course.

****Signature:** **Date:**

**** Parent or Guardian signature if you are under 18 years of age:**

Payment: *FREE FOR A LIMITED TIME*

Postal Address: Ride Right Otago. P.O.Box 2319. Dunedin.