Advanced Rider Training

VENUE	COURSE AND DATE	TIME
Lakeside Park	**LEVEL II**: Monday 9th November 2009	8.30 to 4.30pm

FAX TO: 07 3162 4503

Rider

Name ..... Licence # .....

Address .....

..... Phone .....

Suburb ..... Post .....

EMAIL: .....

Emergency Contact Name: ..... Phone: .....

Machine	**Capacity**	**How long have you held your Motorcycle License?**

Please Supply brief summary of riding strength and weakness; so day can be tailored to your requirements.	
How did you find out about these days? eg. Flyer, Website, Motorcycle Shop, friend etc	

DIRECT DEPOSIT: BSB 484-799, A/c 160 301 361, A/c Dave Fuller Pty Ltd.
Please put your surname as the reference so we know who it is and the payment receipt number on this form.
Receipt Number _____

Card Holders Name .....

Card Holders Signature .....

Amount to be charged: $**300.00**

Card Expiry Date:...../..... **Card Type:** **MasterCard / Visa**

Card Number

				■					■					■				

OFFICE USE ONLY

Date Received:..... Amount Received: .....
Cheque/M'Order/Voucher: ..... Receipt No:……Card Payment Approval ……

Please note all machines must be 95db or less to participate in events at Lakeside Park