

REQUEST SANCTIONED PARKING LOT PRACTICE

Please fill out this form to request a Sanctioned Parking Lot Practice for your chapter. Include the proper signatures and your choice of dates for the class. Please fill in all contact information and mail to:

Randy and Lori Westcott, MI District Rider Educators
8161 Fox Hollow Rd., Goodrich, MI 48438
ranlorwing@charter.net

Please Print. This form **must** be legible. Thank you

PLP Requested: Motorcycle _____ **Trike/Sidecar/4-Wheeler** _____

Chapter: _____
Location of PLP: _____
Time of Seminar: _____

Contact Information:
Contact Person Name: _____
Please Print

Address City Zip

Phone E-mail

Chapter Educator Approval:
Chapter Educator Name: _____
Please Print

Chapter Educator Signature: _____

Chapter Director Approval:
Chapter Director Name: _____
Please Print

Chapter Director Signature: _____

Requested Dates- Please list all three –
1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Number of students expected: _____

Name of Confirmed Facilitator(s): _____
Approved by: _____
Date of Approval: _____
Date of PLP: _____