

REQUEST SEMINAR PRESENTATION

Please fill out this form to request a Seminar 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

Seminar requested: Co-Rider _____ Team Riding _____ Trailering _____
Seasoned Rider _____ Road Captain _____ Crash Scene _____

Chapter: _____

Location of Seminar: _____

Time of Seminar: _____

Contact Information: _____

Contact Person Name: _____
Please Print

Address _____ City _____ Zip _____

Phone _____ E-mail _____

Cell Phone (for getting last minute info the day of the seminar)

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 Instructor(s): _____

Approved by: _____

Date of Approval: _____

Date of Class: _____