

## 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 & Lori Westcott,  
MI Senior District Rider Educators  
8161 Fox Hollow Rd., Goodrich, MI 48438  
[ranlorwing@gmail.com](mailto:ranlorwing@gmail.com)

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

**PLP Requested: Motorcycle** \_\_\_\_\_ **Trike/Sidecar/4-Wheeler** \_\_\_\_\_

**Chapter:** \_\_\_\_\_  
**Location of PLP:** \_\_\_\_\_  
**Time of PLP:** \_\_\_\_\_

**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: \_\_\_\_\_