

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 & Lori Westcott,
MI Senior District Rider Educators
8161 Fox Hollow Rd., Goodrich, MI 48438
ranlorwing@gmail.com

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

Seminar requested: (check one)

Co-Rider (for Levels) _____ Co-Rider Two (not for Levels) _____ Crash Scene _____
Dealing with different elements _____ Going, Going, Gone _____ High Siding _____
Level Up _____ Night Riding _____ Riding With New and/or Inexperienced Riders _____
Road Captain _____ Seasoned Rider _____ Team Riding _____ Trailering _____

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: _____