



OPEN ROAD MOTORCYCLE TOURS

TOUR REGISTRATION FORM

SECTION A. RIDER INFORMATION

First Name _____ MI _____ Last Name _____
Address _____
City _____
State _____
Zip _____
Phone _____ Cell Phone _____
Fax _____
E-Mail 1 _____ E-Mail 2 _____

Your Motorcycle, Model/Year _____ Rental _____ Y _____ N
Occupation _____ Sex _____ Age _____
Smoker _____ Y _____ N
T-Shirt Size _____
Newsletter _____ Y _____ N
Skill Level _____ Beginner _____ Intermediate _____ Experienced
Total miles last 2 years, estimated _____

Drivers Lic. No. _____ Exp. Date _____
Motorcycle Lic. No. _____
Name of Insurance Carrier _____ Exp. Date _____

(Open Road Motorcycle Tours Requires Proof of Insurance)

OPEN ROAD MOTORCYCLE TOURS
TOUR REGISTRATION FORM (CONT.)

SECTION B: PASSENGER INFORMATION

First Name _____ MI _____ Last Name _____

Address _____

City _____

State _____

Zip _____

Phone _____ Cell Phone _____

Fax _____

E-Mail 1 _____ E-Mail 2 _____

Occupation _____ Sex _____ Age _____

Smoker _____Y _____N

T-Shirt Size _____

Newsletter _____Y _____N

SECTION C: EMERGENCY CONTACT INFORMATION

First Name _____ MI _____ Last Name _____

Address _____

City _____

State _____

Zip _____ Relationship _____

Phone _____ Cell Phone _____

SECTION D: TOUR AND PAYMENT INFORMATION

Name of Tour _____

Tour Date _____

Please circle your method of payment:

Visa

MC

Paypal

Check

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P.O. Box 39  New Almaden, CA 95042-0039  Phone 408.425.7604  Fax 408.323.5104

OpenRoadMotorcycleTours.com