

Motorcycle Tours Northwest
Motorcycle Tour Reservation – 2008

Total Cost _____ Deposit _____ Balance Due _____

Payment (Circle One) MasterCard - Visa - PayPal – CashiersCheck

CC# _____ CC Exp Date _____ CVV _____

Name _____

Billing Address _____

Cardholder Signature _____

RIDER INFORMATION

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Driver Lic# _____ State _____ Exp _____

Years Riding Experience _____ Estimated miles ridden in last 2 years _____

Have you ever taken a Motorcycle Rider Safety Course? _____yes _____no

How would you rate your riding ability? __Beginner __Intermediate __Advanced

IN CASE OF EMERGENCY –RIDER

Contact _____ Relationship _____

Phone _____ Alt Phone _____

Contact _____ Relationship _____

Health Ins Co _____ Policy# _____

MC Ins Co _____ Policy# _____

MOTORCYCLE INFORMATION:

Please indicate your choice below

I need to rent a motorcycle

I will be riding my own motorcycle

I need to ship my motorcycle

PASSENGER INFORMATION

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

IN CASE OF EMERGENCY – PASSENGER

Contact _____ Relationship _____

Phone _____ Alt Phone _____

Contact _____ Relationship _____

Phone _____ Alt Phone _____

Health Ins Co _____ Policy# _____

(Please print, sign, and fax or send form with deposit)