



ACADEMY OF MOTORCYCLING

Rider's Edge® New Rider Course Registration Form

Registration method: In person By phone

First Name: _____ M.I. _____ Last Name _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Work phone: _____

Date of birth: ____/____/____ Gender: _____ Height: _____ feet _____ inches

Drivers license #: _____ State: _____ Expiration Date: ____/____/____

Learners permit: Yes No Expiration Date: ____/____/____

Motorcycle Endorsement? Yes No

Motorcycle Owner? Yes No

When do you plan on buying a motorcycle? Less than 3 months
 3 – 12 months
 More than one year
 Do not plan to purchase

How interested are you in buying a Harley?: Very interested
 Somewhat interested
 Not interested

How interested are you in buying a Buell? Very interested
 Somewhat interested
 Not interested

Can you ride a bicycle? Yes No

Describe your motorcycle experience? I have never been on a motorcycle
 I have ridden only as a passenger
 I have ridden an off-road motorcycle only
 I have ridden a street motorcycle

Describe your motorcycle experience?
 It's been more than 5 years since I've ridden a street motorcycle
 I have less than 6 months riding experience on a street motorcycle
 I have less than 3000 miles riding experience on a street motorcycle
 I have ridden a street motorcycle for more than 6 months or more than 3000 miles.

Have you taken a beginner motorcycle safety course before? Yes No

How did you hear about this course? Newspaper
 Radio
 Flyer
 Magazine
 Special Event/Promotion
 Dealership
 Friend/Family
 Other Specify: _____

How did you become interested in riding a motorcycle? (Check all that apply)
 A friend rides
 My partner/spouse rides
 My parent(s) ride.
 I've had the desire to ride for a long time
 Advertising/Promotion
 Other Specify: _____