



# Course Participant Background Questionnaire

\*Please **NEATLY PRINT** All information\*

## Personal Information

Name:			
Street Address:			
City:		State:	Zip:
Phone:		Cell Phone (optional):	
Contact (name/s & phone number/s) <b>In Case of Emergency:</b>			
E-mail Address (optional):			
Driver's License Number:			
Date of Birth:	Male	Female	

## Background Information

1. Which driver's license do you have?			
None	Car	Motorcycle	
Car & Motorcycle			
2. Do you ride a bicycle?      yes      no			
3. Have you ever ridden a motorcycle for even a short distance such as in a parking lot?      yes      no			
4. Not counting winter months, how many months of on-street riding experience do you have?			
Months -	None		
5. Not counting winter months, how many months of off-road riding experience do you have?			
Months -	None		
6. If you have ridden a motorcycle in the past, about how many miles did you ride in an average month?			
On-street -	Off-street -	None	
7. If you have ridden before, who taught you how to ride?			
8. If you learned to ride in a course, when and where did you take it?      When: _____			
Where:			
9. Do you own a motorcycle?      yes      no      If no, do NOT answer questions 10.			
10. What size is your motorcycle? If you own more than one motorcycle give the size of the one you ride the most. cc's -			