

Team UK Advanced

Advanced Motorcycle Training application form

Please complete the following in block capitals. (*Delete where applicable)

Name (Mr, Mrs, Miss, Ms)*

.....

Address.....

.....

..... Postcode..... Date of Birth.....

Driving Licence Group..... Expiry Date.....

Tel. No: Private..... Business

Email

Address.....

Please confirm that the vehicle is insured in conformity with current legislation **Yes/No**

Date of Expiry of Insurance

Your Instructor will make contact to arrange the date and location of the training.

Preferred Dates (am or pm) at least 6 weeks in advance

(Please give three dates.....)

I confirm that the motorcycle I use for the training will be roadworthy and that I am the holder of a current driving licence, insurance for the motorcycle and Test Certificate (where applicable) and that I will produce these documents if requested to do so.

Details of the motorcycle which you will use on the training (to assist the instructor meeting you).

Make:..... Model:.....

Colour: Registration Number:.....

Signature:.....

Date:.....

Send to: Administration Officer, Team UK Advanced
47, Leafields, Houghton Regis, Dunstable, Bedfordshire, LU5 5LT

Tel: 07932 746 662

Payment Details

(Please tick boxes, fill blank spaces and ring the length of course you wish to undertake)

Make cheques payable to TEAM UKA

I enclose a cheque for £35.00 for a 1 hour rider assessment

I enclose a cheque for £50.00 for a 2 hour rider assessment

I enclose a cheque for £..... for a 1 / 2 / 3 / 4 / 5 day NAAMI / IAM / Blue Riband / RoSPA / DIAMOND
Advanced Rider Training Course