

Continuing Education Motorcycle Rider Program Registration

APPLICANT INFORMATION

Please enter your name as it appears on your driver's license.

First Name	MI	Last Name	Banner ID (if known)	
Email*		Date of Birth	Today's Date	
Street Address				Apt. #
City			State	Zip
Home Phone		Work Phone	Cell Phone	
Gender Male Female	How did you find out about the motorcycle program at CT State Manchester?			

LICENSE/PERMIT INFORMATION

Driver's License #	State	Expiration Date
Motorcycle Permit # (If applicable)	State	Expiration Date

METHOD OF PAYMENT

Basic Rider Course Fee: NON-REFUNDABLE \$240 (BRC). Select method of payment below. Make checks payable to CT State Manchester.

Indicate Method of Payment Type (*check only one*): Money Order Check # _____

COURSES LIST

Note: Classes are on a first-come, first-served basis. Please select two or three preferred course sections to help ensure entry into a class. You will be enrolled in your second or third choice if your higher choices are full. Make sure all dates fit your schedule. ***Confirmation of the section that you are enrolled in will be sent to the email you provided above.** Please be sure that it is a valid email address that you regularly check and allow filters to receive the CT State Manchester email. There will be no confirmations sent via U.S. mail. If enrolling with a friend, all registrations must be received together.

Registrations are non-refundable and rescheduling is not permitted.

CHOICE	CRN #	BRC #	START AND END DATES
1			
2			
3			

Student Signature	Date
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