STUDENT APPLICATION FORM

Name:	Last	First		Age	
Address	5:		City: _		
Provinc	e:	Postal Coc	le:		
Phone:	(day)	(evening) _			
1.	Do you own an ATV, UTV ARGO or Si		YES		
2.	If yes, what type, make and model is it? Model: Your vehicle must pass a pre-ride/drive inspection. Use the T-CLOC Checklist provided before you arrive. Be certain your vehicle will pass. If in doubt, ask a dealer for an inspection.				
3.	Have you ever taken a rider/driver education course before? YES NO If yes, what kind?				
4.	Are you presently under a doctor's c operation of an ORV?	are or are you	taking any m	nedication that may affect yo	ur
Return this form to the Instructor with the participation form					
	GENERAL INFO	RMATION – OF		URSE	

The following protective gear is required:

Approved helmet, Snell, DOT, eye protection, (shatter resistant goggles or face shield), mitts or gloves, warm jacket, proper boots and any other safety gear deemed appropriate for the training.

Lunches:

The lunch break is only 30 minutes; bring a snack lunch and plenty to drink.

Be prepared:

Learning to ride/drive a vehicle of this nature safely demands alertness. Get a good night sleep before the day of the course and eat a good breakfast. Riding/driving is a physical activity. If you are taking medication or are under a doctor's care, consult your doctor before enrolling. Do not use drugs or alcohol 24 hours before or at any time during the course.

Be punctual:

Please arrive at the course site at least 30 minutes early so you will have enough time to unload your vehicle, have it inspected and prepare yourself for class. The class is scheduled for _________. And will meet from _______ to _______. If you have any questions or need more information, call ________.