



GOLD WING ROAD RIDERS ASSOCIATION

RIDER EDUCATION PROGRAM

RIDER COURSE COMPLETION CARD TRACKING SHEET



WHEN PLANNING A PROGRAM IN YOUR AREA, PLEASE BE SURE TO TAKE CARE OF ANY NEEDED INSURANCE REQUIREMENTS. INSTRUCTORS MUST BE CURRENT IN THEIR CERTIFICATIONS FOR THE COURSE BEING TAUGHT. AT THE CONCLUSION OF THE COURSE, PLEASE SEND THIS FORM TO YOUR DISTRICT EDUCATOR FOR PROPER ENTRY INTO THE RIDER EDUCATION DATABASE.

Course Number (If Applicable) _____

Course: ARC ARC-R TRC TRC-R TC TTRC SRC AORC Other _____

Location: District _____ City _____ Date of Class ____/____/____

Instructor 1: _____ Instructor # _____ Member Number _____

Instructor 2: _____ Instructor # _____ Member Number _____

Instructor 3: _____ Instructor # _____ Member Number _____

NAME – Please Print	Rider / Co-Rider	GWRRA #	Instructor Use Only						
			Drivers License	Registration	Proof of Insurance	Waiver	Pre-Ride Inspection	Evaluation Form	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Classroom: Start Time _____ End Time _____
 Range Start Time _____ End Time _____