

# Registration Form - Motorcycle RiderCourses *(please print)*

Please register me for: (please use five digit number to the left of the days on the registration form to indicate your course choices.) See [www.hvcc.edu/rider](http://www.hvcc.edu/rider) for complete schedule.

- MSF Basic RiderCourse - LW 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_ 3rd choice: \_\_\_\_\_
- MSF Basic RiderCourse 2 - LW \_\_\_\_\_  MSF Introductory Motorcycle Experience \_\_\_\_\_
- MSF 3-Wheel RiderCourse \_\_\_\_\_  MSF Ultimate Bike Bonding RiderCourse \_\_\_\_\_
- MSF Advanced RiderCourse \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle Last*

Have you previously attended Hudson Valley? If yes, please state any other names your academic record may be listed under.

\_\_\_\_\_

NYS Driver's License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment amount enclosed: \$ \_\_\_\_\_

Method of payment:  Check enclosed (made payable to Hudson Valley Community College)  
 MasterCard  Visa  Discover

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_

**PLEASE MAIL REGISTRATION FORM AND SUBMIT THE  
CANCELLATION/REFUND POLICY ACKNOWLEDGEMENT TO:**  
Hudson Valley Community College,  
Office of Community, Professional and Workforce Development  
80 Vandenburg Avenue, Troy, NY 12180

**(518) 629-7339 • Fax: (518) 629-8103**