

## Motorcycle Training Booking Form, Course: Dragon Rider Cymru

Date of Course:\*

Name:\*

Address 1:\*

Address 2:

Address 3:

Postcode:\*

Telephone number:

Mobile phone number:

Email:\*

Confirm Email:\*

Date of Birth:\*

Year Passed Motorcycle Test:\*

Have you recently returned to motorcycling after a period of absence?\*

Yes ☐ No ☐

Have you completed any post test training?\*

Approximate annual motorcycling mileage?\*

How did you hear about this course?\*

Motorcycle Details

Make:\*

Model:\*

CC:\*

Have you recently returned to motorcycling after a period of absence?\*

Yes ☐ No ☐

Submit button (information to be emailed directly to [road.safety@pembrokeshire.gov.uk](mailto:road.safety@pembrokeshire.gov.uk))

Cancel button