

**GOLD WING ROAD RIDERS ASSOCIATION, INC.
MOTORIST AWARENESS DIVISION
SEMIANR TRAINING PROGRAM**



SEMINAR ROSTER

Date ___/___/___

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Type of MAD Program

CO -RIDER

Region D

DISTRICT INDIANA

Site Location City _____ State _____

(Please type or print clearly)

Member's Name		GWRRA Number	Chapter/State
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I certify that this Seminar was taught as outlined in the Leader's Guide provided by the

GOLDWING ROAD RIDERS ASSCOATION

Understand that falsifying records can result in the revocation of my privilege to teach.

Seminar Presenter 's Name: _____ SI # _____

Seminar Presenter's Signature: _____

Assistant Presenter's Name: _____

Assistant Presenter's Signature: _____

**Keep a copy of this for your records,
Send Original to Stephen Stilwell, IN MAD Coor.,12614 Roan Lane Indianapolis, IN. 46236**