

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



BIKE SHOWS/ MALL SHOWS/ SAFETY DAYS/ CRUISE INS REPORT

Date ___/___/___

Page ___ of ___

Type of MAD Program _____ (*Motorist/Motorcyclist*) Region _____

Chapter/State _____ Location City _____ State _____

(Please type or print clearly)

Student Name		Chapter/ State		GWRRA Number
Last	First	City	State	GWRRA Members Only
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I certify that this Seminar was taught as outlined in the Leader's Guide provided by the
GOLDWING ROAD RIDERS ASSOCIATION
Understand that falsifying records can result in the revocation of my privilege to teach.

Seminar Presenter 's Name: _____

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**