

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



SEMINAR ROSTER

Date ___/___/___

Page ___ of ___

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

Chapter/State _____ Site 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
Motorcycle Safety Foundation's Cars, Motorcycles, and a Common Road.
A Motorist Awareness Program

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**