



MOTOR SQUAD TRAINING



INSTITUTE

Student Registration Form

Course Date Attending: _____ / _____ 2024

(Check Box)



1 Day Quarterly Training



40 Hour Electric



40 Hour Refresher



80 Hour Instructor Course



80 Hour Basic Motor School



8 Hour Civilian Motorcycle Training



8 Hour Pre-Training Class

STUDENT NAME: _____

P.O.S.T. ID _____ - _____ (if applicable)

Email address: _____ @ _____

Cell Phone: (_____) _____ - _____

Emergency Contact/Training Manager: _____

Contact Phone: (_____) _____ - _____

Email address: _____