

Moto Recovery

6720 Blazing Trail Dr, Colorado Springs, CO 80922
Mobile: 719-820-4199 | Email: support@motorecovery.org
Website: www.motorecovery.org

Full Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Driver License #: _____ State/Exp: _____ / _____

Medical Insurance Company: _____

Policy #: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please include a copy of the front and back of your driver license.

Riding Gear

Are you bringing your own riding gear? Yes No

Helmet Size: _____

Jacket Size: _____

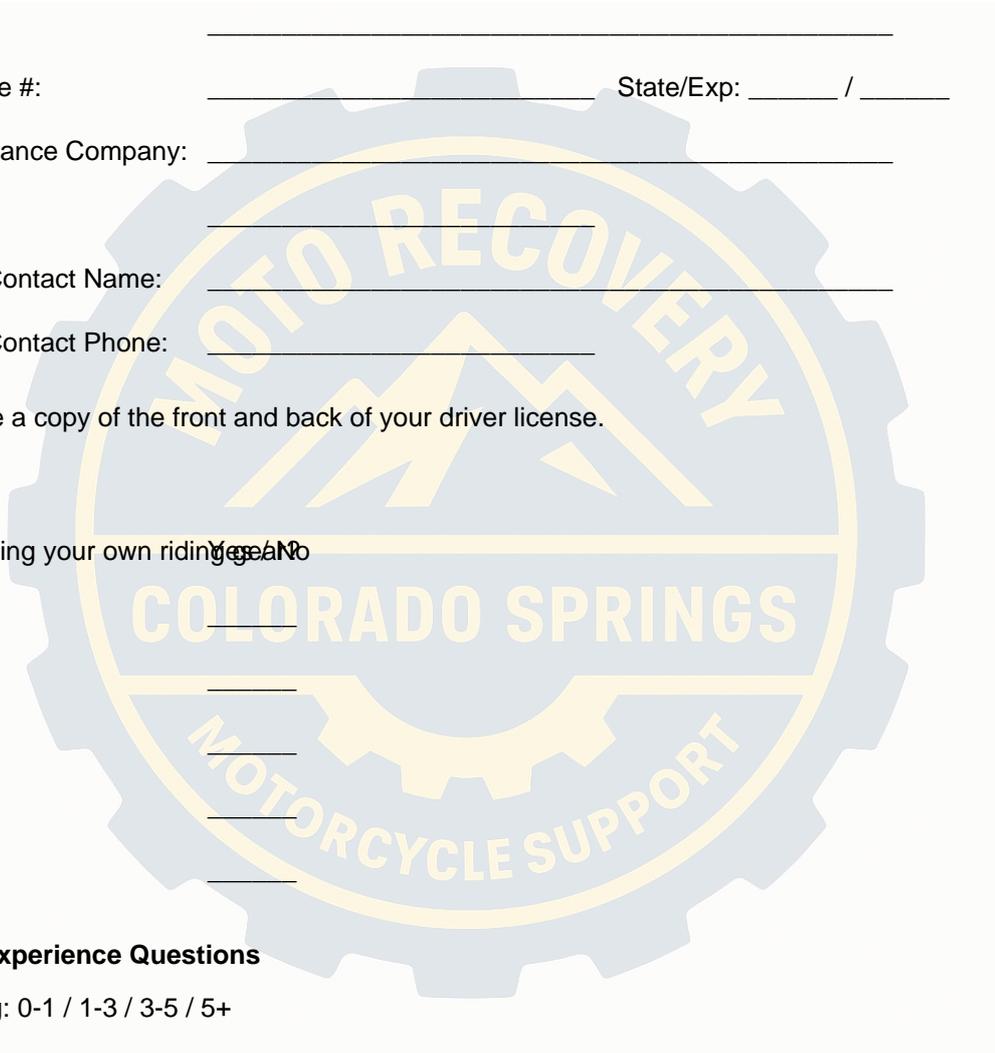
Pants Size: _____

Glove Size: _____

Boot Size: _____

Motorcycle Experience Questions

1. Years riding: 0-1 / 1-3 / 3-5 / 5+
2. Off-road experience: None / Limited / Moderate / Extensive
3. Comfort riding gravel roads: Low / Medium / High
4. Camping experience: None / Some / Regular
5. Interest in group riding: Low / Medium / High



Short Answer Questions

1. What draws you to participate in a Support Ride?
2. What does riding a motorcycle provide for you personally?
3. Describe your comfort level riding unfamiliar terrain.

4. What do you hope to gain from this experience?

5. Describe a time riding helped you work through something challenging.

6. When you step away from daily responsibilities, what tends to surface for you?

7. Anything else you would like us to know?

Applicant Signature

Print Name: _____

Signature: _____

Date: _____

Scan this completed application and supporting documents and email to support@motorecovery.org