

Tour on 2

PO Box 278
Yorkville, Illinois 60560-9998
Phone: 630-660-4733
www.TourOnTwo.com

Application Form

Name and Date of Tour _____

Rider Information:

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile Phone _____

Fax _____ Date of Birth _____

Email _____

Occupation _____ Smoker _____

Motorcycle Riding Skill Level:

Beginner _____ Intermediate _____ Experienced _____

Estimated miles ridden in the past 2 years _____

Have you completed and passed and BRC or ERC rider course? _____

If you are bringing a passenger are you experienced with riding "2 up"? _____

Your Motorcycle:

Make / Year / Model _____

Date of Last Service/Maintenance _____ Reason of Service _____

Miles you have ridden on this motorcycle _____

How many miles do you have on your tires? _____ We suggest that you replace

Your tires at the following intervals 10K miles rear, 20K miles front . If your

Tires exceed these limits while on tour or go below manufacture's recommendations

Please replace your tires prior to the tour.

Do you have a current Road Assistance policy for your motorcycle? _____

Driver License Number _____ Expiration Date _____

Motorcycle License Number _____

SS# _____

Name of Insurance Carrier _____

Policy Number _____ Expiration Date _____

Name and Phone Number of Insurance Agent _____

Please attach proof of Travel or Medical insurance to this application.

Special Dietary Requirements _____

Allergies: _____

Are you taking any medications or have any health conditions that could impair

You abilities to safely ride a motorcycle? Please explain: _____

Emergency Contact:

Name: _____ Phone Number: _____

Its all about the ride!

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Passenger Information:

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile Phone _____

Fax _____ Date of Birth _____

Email _____

Have you ridden as a passenger on a motorcycle for extended periods of time?

Yes _____ No _____

Special Dietary Requirements _____

Allergies: _____

Are you taking any medications or have any health conditions that could impair your abilities to safely ride on a motorcycle? Please explain:

Please attach proof of Travel or Medical insurance to this application.

Emergency Contact:

Name: _____ Phone Number: _____

Total Tour Cost _____ Deposit Amount _____ Balance _____

Payment Method: Credit Card _____ Check _____

V.6/12/2011

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