



BIKES

<input type="checkbox"/> KLR 650	<input type="checkbox"/> KLR 650 with panniers	<input type="checkbox"/> Suzuki DR 200
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DATES

Pick-up Date:	Drop-off Date:
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RIDER INFORMATION

Full Name:	
Street Address:	
City:	State or Province:
Country:	Postal/Zip Code:

Emergency Contact & Tel #:

EXPERIENCE AND INSURANCE INFORMATION

Motorcycle Driver's License #:	
State:	Country:

Motorcycle Insurance Company:
Policy Number:

Years of riding experience:	Miles ridden:
Engine size of motorcycles ridden:	

PASSENGER INFORMATION:

Full Name:	
Street Address:	
City:	State
Country:	Postal/Zip Code:

Home Phone:	Cell Phone:
Email Address:	Birthdate: (D/M/Y)

Emergency Contact & Tel #:

I am interested in assistance with planning a Self Guided Tour