



# REGION I RIDER COURSE CLASS SYNOPSIS



**Date:**

**Event** (Rally, Chapter Event, etc.) :

**Type of RE class and Date** (ARC, TC, TRC, TTRC or SRC):

**Lead Instructor name:**

Lead Instructor Address: \_\_\_\_\_

Phone: \_\_\_\_\_

GWRR No: \_\_\_\_\_ GWRR Instructor No: \_\_\_\_\_

**Second Instructor Name:** \_\_\_\_\_

Instructor comments:

- 1.
- 2.

## Instructor Report of class Completion

Number of riders: \_\_\_\_\_ Number of co-riders: \_\_\_\_\_

Location: \_\_\_\_\_

Mail class course form package to:

Tim Mitchell

PO Box 323 Naples, ID 83847

[pigseyes53@yahoo.com](mailto:pigseyes53@yahoo.com) Cell - 208-290-8395