

Motocross Vacations Registration form

Please be sure to fill-out all fields that pertain to your MX Vacation. Please submit a separate form for each rider.

Name of Party: _____

Name of Rider: _____

Dates Scheduled to Ride: _____

Street Address: _____

City/State/Zip: _____

Country: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact (Not traveling With you): _____

Day Phone: _____ Evening Phone: _____

How Did you hear about Motocross Vacations: _____

Personal Info: Height _____ Weight _____ Birthdate _____ Male/Female _____

Food or Medical Allergies: _____

Any Medical Conditions we should be aware of: _____

Location where you will be staying while in California: _____

Phone Number where you can be reached while in California: _____

Riding Experience : Beginner Novice Intermediate Expert

Tell us about your riding experience: _____

Please indicate your 1st, 2nd, 3rd choice bike you would like to ride, as listed available by MX Vacations:

1st _____ 2nd _____ 3rd _____

