

TWO WHEEL USA - APPLICATION FORM

Name and Date of Tour:		
Rider Information:		
Full Name <i>(including middle- as stated on passport)</i>		
Address:	State:	Postcode:
Mobile Phone:	Phone:	
Email:	Date of Birth:	
Occupation	Smoker	Yes / No
Motorcycle Riding Skill Level:		
Beginner	Intermediate	Experienced
Estimated kms ridden in the past 2 years:		
If you are bringing a passenger are you experienced with riding "2 up"?		
What do you ride: Your Motorcycle: Make / Year / Model		
Driver License Number <i>(Please attach proof of Drivers Licence back & front)</i>		Expiration Date
Allergies:		
Are you taking any medications or have any health conditions that could impair your abilities to safely ride a motorcycle?		
Please explain:		
Emergency Contact:		
Name:		Phone Number:
Application Form Passenger Information:		
Full Name <i>(including middle- as stated on passport)</i>		
Address:	State:	Postcode:
Mobile Phone:	Phone:	
Email:	Date of Birth:	
Occupation	Smoker	Yes / No
Have you ridden as a passenger on a motorcycle for extended periods of time..?		Yes / No
Allergies:		
Are you taking any medications or have any health conditions that could impair your abilities to safely ride on a motorcycle?		
Please explain		
Emergency Contact:		
Name:		Phone Number:

PO Box 695, Chinchilla QLD 4413
WWW.ULTIMATEWHEEL.COM
Let the adventure begin...

Office Use Only:	
Total Tour Cost:	Private:
	Shared:
	With Passenger:
Deposit Amount:	
Balance Amount:	
Payment Method: Credit Card/Deposit	
Date and Amount Paid:	Date and Amount Paid:
Date and Amount Paid:	Date and Amount Paid:
Passport:	Esta: