**REQUEST FOR MOTORCYCLE PARKING**

Name:

Address:

Home Telephone No:

Mobile Telephone No:

Learner Mentor:

Cycle Registration No:

Days Attending College:

I have attended the Community Wheels Driver Awareness training session.

I agree to park my motorcycle only in the area designated for motorcycles.

Whilst on college premises I agree to ride safely and slowly at all times.

Failure to abide by these terms will mean exclusion from bringing your motorcycle onto college premises.

Signed: Date: