

Gold Wing Road Riders Association

GWRRA Rider Education
Seminar Completion Tracking Sheet



Class Roster

Date _____ Page ____ of ____
Type of Seminar: _____ Chapter/State: _____
Presenter Name: _____ Presenter Number: _____
Presenter Name: _____ Presenter Number: _____
Site Location City: _____ State: _____

Have seminar participants individually fill out their information below and submit this to the appropriate administrator for recording purposes.

Name	GWRRA Membership #	District/Chapter
1 Numeric Field		
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