



**IDAHO STAR  
SKILLS TRAINING ADVANTAGE FOR RIDERS  
SPONSORED BY THE STATE DEPARTMENT OF EDUCATION AND  
BOISE STATE UNIVERSITY**

**STUDENT REGISTRATION: EXPERIENCED RIDER COURSE**

**PERSONAL DATA**

Name \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
Address \_\_\_\_\_ Evening Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex M( ) F( ) Occupation \_\_\_\_\_

**DRIVER LICENSE INFO**

Driver License or Instructional Permit # \_\_\_\_\_ State Issued \_\_\_\_\_  
Motorcycle Endorsement? Yes \_\_\_ No \_\_\_ Completed Driver Education (if under 17)? Yes \_\_\_ No \_\_\_

**RIDING EXPERIENCE**

What motorcycle do you currently own: Make/Model \_\_\_\_\_ CC's \_\_\_\_\_  
Year \_\_\_\_\_ Time owned \_\_\_\_\_  
How much **street riding** experience do you have? Years \_\_\_\_\_ Months \_\_\_\_\_  
**Do you have any limitations that might affect your coordination or your ability to operate a motorcycle?**  
Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT STAR?**

**Mark all that apply:**

- Brochure    Club    Dealer    Driver's Education    Driver Licensing    Employer    School  
 Friend/Family Member    Insurance Company    Internet    Newspaper/TV/Radio    Police

Please return to:  
Boise State University  
College of Applied Technology  
Idaho **STAR** Program  
1910 University Drive  
Boise, Idaho 83725-2005  
Phone – 208-426-5552 -- Fax – 208-426-4487