

**Rolling Wheels Training Center, LLC - BRC Application**

Please print the application, then mail or fax to:

Rolling Wheels Training Center, LLC  
4804D Noland Rd.  
Kansas City, MO 64133

OFFICE/ FAX: 816-478-3677

On-line registration and scheduling information available at [www.rollingwheels.biz](http://www.rollingwheels.biz).

Students are registered on a **first come / first serve prepaid basis**.

A 100% refund, less a \$25.00 processing fee, will be issued if the registrant cancels the class MORE than 7 days in advance. Refunds will not be issued if the registrant cancels less than 7 days prior to the opening of the class. If the instructor determines the student is not eligible to complete the class or if the student voluntarily decides to leave the class, refunds will not be issued. **You must be able to ride a bicycle to participate**

There will be a \$10.00 fee to reschedule your class. You must reschedule more than 7 days in advance of your class.

If you are late for any class session, you will not be able to participate and you will forfeit your enrollment fee. If you do not show up for your class you will forfeit your enrollment fee.

A list of items and clothing to bring to class will be sent with your confirmation letter.

***EARLY REGISTRATION IS SUGGESTED. - Print your name as it would appear on your driver's license.***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home/ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ D.L.  
State \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I signify that I have read and understand the refund policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*If under the age of 18: Parent's Signature \_\_\_\_\_

The cost for each Basic Rider Course is \$240.00.

Preferred class dates: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Method of payment: Check \_\_\_\_\_ Make Checks payable to: Rolling Wheels Training Center, LLC

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

**If you are using a credit card, please complete the following information.**

Card Number \_\_\_\_\_ VCODE \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on the card, if different from above \_\_\_\_\_

Total Amount: \_\_\_\_\_

The issuer of the card identified on this item is authorized to pay the amount shown as Total. I promise to pay such Total subject to and in accordance with the agreement governing the use of such card.

Signature & Date \_\_\_\_\_