

# 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
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