

Application for Motorcycle Rental

Each participant must complete an individual form.

Office use only

1 2 3

DB
 MYOB

Name: (as shown on passport) _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Date of Birth: _____

Telephone / Fax Numbers: Home: _____ Office: _____

Fax: _____ e-mail: _____

Rental dates:

Pickup Location

What model motorcycle do you wish to rent?

Pickup date: _____

Munich, Germany

1st choice: _____

Return date: _____

Thun, Switzerland

2nd choice: _____

Milan, Italy

Riding solo 2-up

How many years have you been riding? _____ Average mileage over the past two years? _____

Have you ridden in any foreign countries? _____ Which one[s]? _____

Have you taken any riding or safety courses? _____ Describe, please: _____

What motorcycle[s] do you currently own? _____

Do you have a valid motorcycle endorsement on your driver's license? _____ State: _____

Driver's License #: _____ Please attach a photocopy of your drivers license.

Please list any convictions or traffic violations on your record with the date, and the violation:

In the event of illness or emergency, contact:

Name: _____ Street Address: _____

City: _____ State/Prov: _____ Zip: _____

Country: _____ Mobile phone: _____

Home phone: _____ Business phone: _____

Carefully complete this application and return it to us with a \$500 deposit. Mail to:
Beach's Motorcycle Adventures, Ltd., 2763 West River Parkway, Grand Island, NY 14072
Email: rentals@bmca.com Web: www.bmca.com Fax: 716-773-5227 Tele: 716-773-4960

NO deposit refund will be issued for rentals cancelled within 30 days of reservation date.