



SAFE RIDER SKILLS FORM



H.O.G.[®] members are eligible for tuition reimbursement for the successful completion of an accredited rider training course.

H.O.G. members are eligible for tuition reimbursement in the form of a coupon for up to \$50 for the successful completion of an accredited Motorcycle Safety Foundation (MSF) rider training course, including rider training at Harley-Davidson[®] dealerships in the United States. You will also receive a patch and pin featuring the "Safe Rider Skills" logo.

Chapter Recognition: After a minimum of 12 chapter members complete an accredited rider training course and submit the proper paperwork to H.O.G., a Safe Rider Skills plaque will be sent to the chapter's sponsoring dealer.

For information relative to the class nearest to you, go to h-d.com/learntoride or msf-usa.org. You may also call 1-800-CLUBHOG (1-800-258-2464) or MSF at 1-800-446-9227.

OFFICIAL GUIDELINES

1. **You must be a current H.O.G. member on the date the course began.**
2. You must submit all three of the following items within three months of the course completion date to receive the Safe Rider Skills pin, patch, and coupon (if applicable):
 - a. **A completed form** (below)
 - b. A copy of **course receipt**. If a receipt is not available, a front and back copy of the cancelled check or a credit card statement is required.
 - c. **A copy of your completion certificate and/or card**, indicating successful completion of the Motorcycle Safety Foundation course.
3. Coupon may be applied toward national H.O.G. membership renewal, H-D[®] Authorized Rentals, H.O.G. national or state rally registration, or H.O.G. or Genuine Harley-Davidson[®] merchandise.
 - Limited to reimbursement for one course annually
 - Reimbursement does not cover the cost of training materials. There will be no change issued on coupon.
 - Maximum reimbursement is \$50
4. Please mail or fax form to:
H.O.G. Safe Rider Skills
P.O. Box 453
Milwaukee, WI 53201-0453
 FAX: **414-343-4515**

Member Email _____ H.O.G. Number (including Country Code) _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone Number _____

Course Name _____ Course Location _____

Course Fee _____ Course Dates / / - / /

IF YOU ARE A CURRENT MEMBER OF A LOCAL H.O.G.[®] CHAPTER, PLEASE FILL IN:

Chapter Name _____ Chapter Number _____