



## Motorcycle Cancellation/Refund Policy Acknowledgement

*This form must be received by our office before you can register for any motorcycle rider courses. No spot will be held until this form is received.*

**Complete this form online.**

This form certifies your intent to enroll in a motorcycle course at Hudson Valley Community College. Carefully read the [cancellation and refund policy](#) as it pertains to this course.

I certify that I have read and understand the [cancellation and refund policy](#).

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*Home Phone Number: \_\_\_\_\_

\*Student Signature: \_\_\_\_\_

**I agree that typing my name in the above field shall constitute as my signature on this document. (If you are printing this document out, this step is not necessary.)**

*\* Indicates Required Information*

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Office of Community & Professional Education

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