

Class Date: _____



Six Hour Driving Simulator Class
9:00 a.m. – 3:30 p.m.

Classroom location: Safe America Foundation
2480 Sandy Plains Road, Marietta, GA 30066

[PRINT CLEARLY]

Student Name: _____

Home Phone

Parent Name: _____

Parent Cell Phone

Address: _____

Street

City

State

Zip

Email: _____

Student

Parent

Gender: (M) _____ (F) _____

Date of Birth: _____

Permit # _____

Payment Type:

Check or Money Order # _____

or

Visa

MasterCard

American Express

Credit Card # _____

Expiration date

Name on Credit Card _____

Billing Address _____

Street

City

State

Zip

I, the undersigned parent and student, agree to complete the above course of instruction for a fee of \$69.00. Cancellations or scheduling changes made two (2) weeks prior to class beginning date will incur no additional fees. Cancellations or scheduling changes made one (1) week or less prior to class beginning date, or no shows on the date of class, will be charged \$30.00.

Student Signature

Date

Parent Signature

Date

Mail completed form with credit card information, check or money order to:

Safe America Foundation
Attn: Registrar
2480 Sandy Plains Road
Marietta, GA 30066-5776
Phone: (770) 973-7233
Fax: (770) 971-9996