



Autoslalom School Registration Form



Student Information

Driver's Name: _____

Address: _____

City/ Town: _____ Province: _____ Postal Code: _____

Phone (evg): () - _____ Email: _____

Phone (day): () - _____ Age (Please circle one): < 19, 19-25, 26-35, 36-45, >45

Driver's License #: _____ Prov.: _____

How many motorsports events have you previously participated in? (Please describe and number): _____

Previous driver training (performance or otherwise) _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Colour: _____

Engine Displacement: _____ # of Cylinders: _____ Transmission (Please circle one): **Auto** , **Manual**

License Plate: _____ Is the above named driver the vehicle owner? (Please circle one): **Yes** , **No**

If "No", please complete the following:

Vehicle Owner's Name: _____

Vehicle Owner's Address: _____

I hereby certify that I am the above named owner of the listed vehicle and give my permission for my vehicle to be used by the listed driver/ student for the purposes of the autoslalom school.

Owner's signature: _____ Date: _____

Student's Agreement

I want to participate in the SPDA CASC-OR Autoslalom School on the following days:

April 28 - Day 1 -\$60 (30 Prepaid Students Maximum) _____

April 29 - Day 2 - \$40 (50 Prepaid Students Maximum) _____

Total Monies _____

I hereby certify the above information as accurate and that I currently possess a valid driver's license and insurance for the vehicle listed above.

Signature: _____ Date: _____

Payment: You may make payment of the school fee (**\$60, \$40 or \$100**) by personal cheque made payable to **SPDA** On April 1 at the Solo openhouse, **Or Online at www.spda-online.ca**