

STRATFORD GROUP OF ADVANCED MOTORISTS

Registered Charity No. 1016119

YOUNG DRIVERS' SCHEME - REGISTRATION FORM

Name.....

Address.....

.....

Post Code..... Date of Birth.....

Telephone.....(not mobile) Email

How did you hear about us?

Date required.....

SPECIFIC CHOICES MAY DELAY APPOINTMENT

Preferred time.....

PARENTAL CONSENT is required for all persons under the age of 17 years for them to be accepted onto this scheme.

I, (please print) agree to the above named person participating in this Young Driver Scheme.

..... (signed)

Please return this form with cheque for £30.00 (or £32.50 to include The Highway Code) made payable to STRATFORD GROUP OF ADVANCED MOTORISTS, to: Y.D.S.Organiser, 24 Ward Grove, Myton Grange, Warwick. CV34 6QL

The Organiser reserves the right to make alterations if necessary.

To be completed by Organiser

Place reserved at

on

with.....

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We do NOT normally acknowledge receipt of this registration form and cheque. If you require immediate acknowledgement please complete the details below and return the complete form together with your cheque and a Stamped Addressed Envelope.

The organiser of the Stratford Group of Advanced Motorists Young Drivers Scheme hereby acknowledges receipt of Registration form

for (Name) together with a cheque for the sum of £..... to cover the Registration fee, the first lesson and a highway code (if applicable.)

Your form has now been placed in our waiting list until a suitable appointment becomes available and we will then contact you to advise the time of your appointment.