



16 + YOUNG DRIVERS COURSE

REGISTRATION FORM

BOOKING FORM FOR 16 + YOUNG DRIVERS COURSE

PLEASE FILL IN COURSE DATE REQUIRED

Name: (M/F).....

Address:

.....

Postcode: Date of Birth/...../..... Age:.....

Home Telephone: Parents Mobile:

Email: Pupils Mobile:

ANY MEDICAL ISSUES THAT WE SHOULD KNOW ABOUT.

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

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

.....(Signed) Date:/...../.....

Please return this form to : - CHEPPING 16 PLUS YOUNG DRIVERS COURSE, JULIE MARTIN, 10 OAKWOOD, FLACKWELL HEATH, HIGH WYCOMBE, BUCKS, HP10 9DW.

PLEASE PRINT OFF FORM AND COMPLETE DETAILS AND SEND WITH CHEQUE FOR £50 OUT TO " CHEPPING 16 PLUS YOUNG DRIVERS " (please ensure the word PLUS not +)

On back of cheque please put pupils name/address and cheque guarantee number A CONFIRMATION WILL BE SENT BY EMAIL OR IF WISHED BY POST

EMAIL.....

POST.....

Please bring Packed lunch and drink.