





# Registration Forms



Participants Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Driver's License # for each person registering- ONLY for Defensive Driving participants  
\_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Payment Information (checks payable to District 241) Cash \_\_\_ OR Check # \_\_\_\_\_ OR Charge  
Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ Card Code \_\_\_\_\_  
Signature (For credit card only) \_\_\_\_\_



Participants Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Driver's License # for each person registering- ONLY for Defensive Driving participants  
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Payment Information (checks payable to District 241) Cash \_\_\_ OR Check # \_\_\_\_\_ OR Charge  
Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ Card Code \_\_\_\_\_  
Signature (For credit card only) \_\_\_\_\_



Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
I certify that fees indicated are true and correct based on household income \_\_\_\_\_  
Signature \_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_ Code# \_\_\_\_\_ Course Name \_\_\_\_\_ Fee\$ \_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_ Code# \_\_\_\_\_ Course Name \_\_\_\_\_ Fee\$ \_\_\_\_\_  
Payment Information (checks payable to District 241) Cash \_\_\_ OR Check # \_\_\_\_\_ OR Charge  
Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ Card Code \_\_\_\_\_  
Signature (For credit card only) \_\_\_\_\_



Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
I certify that fees indicated are true and correct based on household income \_\_\_\_\_  
Signature \_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_ Code# \_\_\_\_\_ Course Name \_\_\_\_\_ Fee\$ \_\_\_\_\_  
Code # \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_ Code# \_\_\_\_\_ Course Name \_\_\_\_\_ Fee\$ \_\_\_\_\_  
Payment Information (checks payable to District 241) Cash \_\_\_ OR Check # \_\_\_\_\_ OR Charge  
Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ Card Code \_\_\_\_\_  
Signature (For credit card only) \_\_\_\_\_

