Four Winds Driving School

Registration Form

In Car Training
(Must have valid learners license)

Creating Safe Drivers

Full Name: _____

Preferred Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Country: _____ **Telephone:** (_____)_____ **Fax:** (_____)_____

Email: _____

Please have the following consent portion signed if you are under 18.

I give permission for _____ to take part in driver training through the Fourwinds Driving School.

_____	_____	_____
Name of Participant	**Date**	**Signature**

_____	_____	_____
Name of Person giving consent	**Date**	**Signature**