

2017 ADS Licensed Officials Combined Driving and Pleasure Driving Clinics Registration Form

Deadline: January 15, 2017

Cost: \$225 for the first clinic and \$175 for additional clinic – includes 2017 ADS Rulebook

OFFICIAL INFORMATION: (please print)

First and Last Name: _____ ADSmbr# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

IN CASE OF EMERGENCY: (please print)

Name of Primary Contact: _____

Primary Phone Number: _____

Allergies: _____

Medical Conditions: _____

Physical Limitations: _____

Payment Options: (Circle one) – Checks payable to The American Driving Society, Inc. – US Funds only!

Check one or both

Pleasure Clinic _____

Combined Driving Clinic _____

Check Enclosed _____

Visa _____ Exp. Date _____ CSV _____

MasterCard _____ Exp. Date _____ CSV _____

Name as it appears on Credit Card _____

Billing Address: _____

Submit to: ADS * PO Box 278 * Cross Plains, WI 53528
or via email to Stacy@americandrivingsociety.org