

BeaveRun Motorsports Complex Teen Driver Education

Program Registration

	Teen Registrant Information	
Name (First, Middle, Last):		
Parent Name (First, Middle, Last):		
Street Address:		
City:		
State and ZIP Code:		
Home Phone: (Area Code + Number) ParentWork Phone: (Area Code + Number)	Work Phone: (Area Code + Number) FAX Number: (Area Code + Number)	
E-mail Address:		
Emergency Contact Name:	Phone: (Area Code + Number)	
Vehicle Information		
Automobile Usually Driven is a:	Make:	
	Model:	
	Year:	
Session Information		
Check Session you wish to attend:	June 21, 2002 June 28, 2002 July 12, 2002 July 19, 2002 July 26, 2002 August 2, 2002 August 9, 2002 August 23, 2002 August 30, 2002	

FEE: \$300.00 PER STUDENT

Cancellation Policy: All fees paid in advance will be reimbursed less a \$20.00 administration fee if cancelled in writing more than 30 days before event date. Thereafter no refund will be reimbursed, but \$200 will be applied toward an alternate date.

All classes begin at 8:45 a.m. and run until 4:15 p.m. Lunch provided

Make checks payable to **BeaveRun**. **Mail form with check** or credit card information to:

BeaveRun MotorSports ComPlex 201 Penndale Road Wampum, PA 16157

If paying by credit card:

Exact name on credit card:	
Credit card number:	
Expiration date:	
Mastercard Visa Disc	eover • American Express
The undersigned hereby authorizes BeaveRun M	NotorSports ComPlex to charge
\$ from the above described credit ca	ard.
	Date//
(Signature of Credit Card Holder)	
Pennsylvania Turnpike on state route 18. See the Rain Dates: No rain date. The course will be	•
Parent/Guard	an Permission
I,(Parent name-please print)	, hereby represent that I am the parent
or guardian of	
(Please Print)	
BeaveRun/SAE Motorsports to instruct my son/	
Program conducted at BeaveRun MotorSports	Complex.
Witness:	
	(Parent Signature)
Print Name:	

Contact us at: admin@beaverun.com

Phone: (724) 535-1000 Telefax: (724) 535-0100

Web Address: www.beaverun.com