

Defensive Driving Class

(Safety Driving Class)

Six-hour defensive driving class put on by Branch's Driving School, Sponsored by Debra Mills/Craig Agency INC. Q & A session about insurance questions will be during the 30 minute lunch break, please pack a lunch and something to write with. You may also bring your Insurance Declaration page(s) for a no obligation quote.

DAY: **Saturday**
DATES: April 27, 2019
PLACE: Lysander Town Hall
8220 Loop Rd
LOCATION: Auditorium
TIME: 9:00 am to 3:30 pm
FEE: \$40.00 (Min # 20, Max. # 40)



For More Information Call the Lysander Parks Office at 635-5999
Registration is also available on line at <https://secure.recl.com/NY/town-of-lysander/catalog>

Make Checks Payable to: Town of Lysander

Send Registration to:

*Lysander Parks & Recreation Dept.
8220 Loop Rd,
Baldwinsville, NY 13027*

6 HOUR DEFENSIVE DRIVING CLASS REGISTRATION FORM

NAME: _____ M/F: _____

BIRTHDATE (under 18 yrs. old): _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (C): _____ (H): _____

Email address: _____

Program: _____ Fee: _____

Refunds: Full refunds are given if we cancel the class. Refund - minus a \$15.00 administrative fee will be given for checks, cash & credit card payments until the day after 1st class. No refunds for "one time" classes. Photos taken for publicity purposes may be used on the Town Web Site, on our facebook pages, in local newspapers or in our brochures, unless otherwise noted by a parent. As the participant, parent or legal guardian of the above named participant I accept full responsibility for any and all injuries which may arise out of participation in the program(s) being registered for and hereby release the Town of Lysander, its agents and/or employees from any claims of any nature whatsoever arising out of my/my child(ren)'s participation. Consent is hereby granted to allow myself/my child(ren) to participate in the program(s) listed above. There is no medical insurance for any programs. I have read, understand, and agree to the policies listed on this page.

CREDIT CARD INFORMATION

- I understand there will be a 2.45% fee with a minimum service charge of \$3.00 for using a credit card

MUST BE FILLED OUT IN ORDER TO PROCESS:

MC DISCOVER VISA American Express

EXP. DATE: _____

CARD NUMBER: _____

CARD HOLDER'S NAME _____

----- OFFICE USE ONLY -----

DATE: _____ DOD: _____

CHECK: _____ CASH: _____ AMT: \$ _____

CHARGE: _____

AUTH#: _____ REF#: _____

Parent Signature