

Traffic Safety School Registration Form

Out of County or Self Enrichment

Last Name: _____ Gender: Male Female

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____

Drivers License Number: _____

Daytime Phone: _____

Evening Phone: _____

Language Preferred: English Spanish

PREFERRED CLASS SCHEDULE/HOURS:

Check one of the following below. All requests will be accommodated when possible.

Tuesday: 8:00 AM 1:00 PM 6:00 PM

Thursday: 8:00 AM 1:00 PM 6:00 PM

Saturday: 8:00 AM 1:00 PM

All classes are held at the **University Center, 100 South Main Street**, Crystal Lake, IL 60014. The 8-hour Defensive Driving Course is only offered on Saturdays.

ENROLLMENT FEES:

4-hour Defensive Driving Course: \$40.00

4-hour Alive at 25: \$40.00

8-hour Defensive Driving Course: \$80.00

Check, Money Order, Visa, MasterCard or Discover accepted.

Visa MasterCard Discover

Card # _____ Expiration Date: _____ VIN # _____

Check # _____ Amount Enclosed \$ _____

Make check payable to McHENRY COUNTY COLLEGE

Please tell us why you are enrolling in this course:
