



YOUNG DRIVER SCHEME

Supported by
The Chelmsford and District Group of Advanced Motorists
and
The Driving Instructors Club of Essex (D.I.C.E.)



REGISTRATION FORM

Name: (M / F)

Address:

Postcode: Date of Birth:/...../..... (Age)

Telephone: Mobile:

Email:

Preferred start month:	PLEASE NOTE THAT SPECIFIC CHOICES MAY DELAY AN APPOINTMENT
a.m. or p.m. preferred:	
No preference <input type="checkbox"/>	

PARENTAL CONSENT is required for all persons under the age of 17 years for them to be accepted onto this Scheme.

I, (please print) agree to the above named person participating in this Young Driver Scheme.

..... (Signed) Date:/...../.....

Please return this form together with a cheque for **£26.00** made payable to: *YOUNG DRIVER SCHEME*, for registration and first lesson to:

YDS, 67 Main Road, St. Lawrence Bay, Essex. CM0 7NA

The YDS reserves the right to make changes if necessary.

Mobile: 07847 645632 www.youngdriverscheme.org yds@iamchelmsford.org.uk

To be completed by Organiser	
Place reserved at am/pm on/...../..... ADI
Received/...../..... Confirmation pack sent/...../..... No

NB: We do not normally acknowledge receipt of this Registration Form and cheque but if you do require confirmation, please fill in the pupils name on the slip below and enclose a Stamped Self Addressed Envelope.

The YDS Organiser acknowledges receipt of your completed application and cheque for the person named below.

They have now been placed in our waiting list until a suitable appointment becomes available. We will then send out a starter pack with all the details.

Pupils Name:

Signed: (YDS Organiser) Date:/...../.....