



**Driver Safety Program
Course Enrollment Application**

Date _____

Dear Mr./Mrs./Ms./Miss _____,

I have recently been informed of your interest in becoming a participant in the AARP Driver Safety Program course. The course is a total of eight (8) hours and is usually given in two separate sessions over a two-day period. Each session (class day) lasts approximately four (4) hours. **You must attend both days to be awarded a certificate.** Courses are taught by trained volunteer instructors. Below are the details of my next course.

First Day and Time _____ Second Day and Time _____

Location _____

The course fee is **\$10.00** for each participant. Please enclose a check or money order made payable to "AARP" with the bottom portion of this enrollment application. **Do not send cash.** Enrollment in the course is limited, so mail your enrollment application immediately to:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Registration for this course closes on _____. I look forward to meeting you.

Sincerely, _____, AARP Driver Safety Program Instructor

Phone _____ (voice) _____ (TTY) Email _____

✂-----cut here-----

Please enroll: Me or Us in the AARP Driver Safety Program course on the following date(s) _____. Enclosed is a check or money order payable to "AARP" in the amount of \$_____, which I understand is **non-refundable.**

I/we need special assistance to participate fully in the AARP Driver Safety Program course, because of hearing loss, vision loss, mobility impairment, etc. I/we need wheelchair access an assistive listening system interpreter or other _____.

You must contact the course Instructor or manager of the facility where the course is to be held at least **two to three weeks prior to the course.**

Mr. Mrs. Ms. Miss

This enrollment covers:
 Self @ \$10.00
 Plus One @ \$10.00

Street _____

Total \$ _____

City _____ State _____

Zip _____ Phone _____ Email _____