P.O. Box 6914 Rochester, MN 55903 medcitydrivingschool@yahoo.com 507-289-8995

<u>FOR</u>	<u>OFFICE</u>	<u>USE</u>	ONLY
CO1	NTRAC	T	#23

## CONTRACT #23\_ EXPDATE-\_\_\_

## ADULT BEHIND THE WHEEL ENROLLMENT FORM

NAME:				
	FIRST	MIDDLE	LAST	DOB
ADDRESS:	STREET	CITY	STATE	ZIP CODE
CONTACT:				
	PHONE #1	PHONE #2		EMAIL ADDRESS
or a fee of \$300.		our sessions)using st	trategies and gu	Behind the Wheel Driver's Training idelines established by the MN Division.
Med City Drivir	ng School has an addit	ional safety policy:		
				ure students have adequate time d MN Instruction Permit with then
Med City Drivir	ng School will pick up	and drop off studer	nts inside Roche	ster city limits. Students living
outside city limi	ts will work with Med	d City in finding an a	alternative meet	ing location.
Med City Drivir	ng School training cars	s will be used for the	e sessions.	
	ours long(State Maximes sick or have been ex			pointments are requested. Thedule their sessions.
PARENT/0	GUARDIAN:			DATE:
STUDENT:				
MCDS OFFICAL:				
PAYMENT: CA	ASH CHECK# CR	EDIT CARD#		EXP
VISA	MASTERCARD	AMERICAN EX	PRESS DI	SCOVER PAYPAL
		1/2 PAYMEN	ITFULL F	PAYMENT