



*\*Enroll by Phone  
574-936-2852*

# Registration Form

**Class Start Date:** \_\_\_\_\_  Plymouth  Rochester  
*(\*Some classes fill up quickly, all dates may not be available.)*  Warsaw  Knox

**Student's Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
*(\*Student's Name exactly as shown on Birth Certificate)*

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

*How Did You Hear About Us?* \_\_\_\_\_ **School** \_\_\_\_\_

## DEPOSIT

**Amount of Payment:** \$ \_\_\_\_\_ **Balance Due** \$ \_\_\_\_\_

*(Total Course Cost \$395.00 — A minimum of \$100.00 is required to register, the balance of \$295.00 is due on the 1st day of class. Please contact the office if additional payment arrangements are needed.)*

### Method of Payment Enclosed:

**Check or Money Order #** \_\_\_\_\_ *(Made payable to ACE Driving Academy)*

**Credit Card**  Visa  Mastercard

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ *(Month & Year)* **Code** *(3 Digits On Back)* \_\_\_\_\_

**Name:** \_\_\_\_\_ *(As it appears on card)*

*Within a few days, you will receive a letter confirming your student's registration. Included in that letter will be a receipt for your payment. If you have any further questions, please feel free to contact our office.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address:** ACE Driving Academy, P.O. Box 115, Plymouth, IN 46563

*www.acedrivingacademy.com / Email: kevin@acedrivingacademy.com*