

**Mail this form with a \$50.00 deposit to:**

Arcade Drivers School  
8511 W. Lincoln Avenue  
West Allis, WI 53227

**For Racine and Kenosha mail this form with a \$35.00 deposit to:**

Arcade Drivers School  
4900 Spring St. Suite #105  
Racine, WI 53406

Arcade Drivers School's Registration Form

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(Student's Legal Name)

(Student's Date of Birth)

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(Address, City, State, Zip)

(Phone)

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(Parents Signature)

Circle One: Deposit Only / Entire Course

Deposit Enclosed - Circle one: Check / Money Order / Charge

Please Circle if Applicable: Master / Visa

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Class Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Behind-The-Wheel Only: \_\_\_ Promotion Code: \_\_\_\_\_