

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

(Student's Legal Name)

(Student's Date of Birth)

(Address, City, State, Zip)

(Phone)

(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: _____