

CRASH-FREE DRIVER TRAINING COURSE

BOOKING FORM

Participant No. 1

Name: _____

Address: _____

Contact Phone No: _____

Contact Email: _____

Do you have a current drivers licence? Yes No

Are you a Learner Driver? Yes No

Are you a Provisional Driver? Yes No

What course would you like to attend?

First preference Course 1 Course 2

Second preference Course 1 Course 2

Participant No. 2

Name: _____

Address: _____

Contact Phone No: _____

Contact Email: _____

Do you have a current drivers licence? Yes No

Are you a Learner Driver? Yes No

Are you a Provisional Driver? Yes No

What course would you like to attend?

First preference Course 1 Course 2

Second preference Course 1 Course 2

Do you agree to attend the whole course? Yes No

Participant No. 1: _____ Signed: _____
(Name)

Participant No. 2: _____ Signed: _____
(Name)

Bookings

Please complete and send this booking form to Attention: Melissa Taylor, Burnie City Council, PO Box 973, Burnie 7320. On receipt of this form places will be allocated on a first in first served basis. You will receive confirmation of your booking in the mail.