

STUDENT REGISTRATION

Start Date: _____ Type of course _____

BEHIND THE WHEEL TEEN PRACTICE SESSIONS (Professional Practice Time counts toward 50Hr DMV requirement)

* **FULL DAY CAR CONTROL CLINIC**

* **TEEN FULL DMV PACKAGE** (Includes Full Day Car Control Clinic, 2 days in classroom plus 6 hrs behind the wheel training)

* **TEEN DMV TEST- TUNE UP** (Full Day Car Control Clinic plus 2,4 or 6HRS Behind The Wheel Training)

ADULT/SENIOR DMV TEST- TUNE UP

* **QUALIFIES FOR INSURANCE DISCOUNT!**

As we occasionally update promotional pricing, call 775-622-9595

or consult www.pcdausa.com/courses for latest pricing.

Amount Enclosed \$ _____ **Payment:**

Check enclosed Checks payable to **PCDAUSA, LLC**

Send to: PCDAUSA, LLC

10 South Lake Street

Reno, NV 89501

Or fax completed form to 775-622-9599

Credit Card Information



Card Holders Name as printed on card _____

Card Number _____ Exp Date _____

Card Holders Signature _____ Date _____

Student Information

First Name _____ Middle _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Car Model _____ Year _____ Color _____

Driver's License No. _____ State _____ Learners Permit No. _____

Phone # with area code Day _____ Evening _____ Cell _____

Parent/Guardian

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone # with area code Day _____ Evening _____ Cell _____