



**Drivers
Safety
Program**
DefensiveDrivingNY.com



Registration Form

Below are registration blanks for two people. Please complete one for each person attending. After completion, keep this top portion for your own records and mail the completed form with a check or money order in the amount of \$50.00 per person made payable to Drivers Safety Program.

Drivers Safety Program

2224 Sultana Drive
Yorktown Heights, NY 10598

Tel: (914) 962-5390

Toll Free: (800) 870-5747

E-Mail: info@DefensiveDrivingNY.com

Web Site: www.DefensiveDrivingNY.com

Class Date: _____ **Class Time:** _____ **Location:** _____

Cut Here

Please Print Carefully



Class Date: _____ Place: _____

Name: Last _____ First _____ Middle _____

Address: _____

City: _____ State _____ Zip _____

Phone No.: Res. () _____

Work () _____

Cell () _____



Member
National Safety Council

Remit With Payment To;
Drivers Safety Program
2224 Sultana Drive
Yorktown Hgts., NY 10598

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Class Date: _____ Place: _____

Name: Last _____ First _____ Middle _____

Address: _____

City: _____ State _____ Zip _____

Phone No.: Res. () _____

Work () _____

Cell () _____



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