

Donohue's Driving School



REGISTRATION FORM

COMPLETE THE FORM AND MAIL WITH A \$125 CHECK TO:

DONOHUE'S DRIVING SCHOOL
PO BOX 213 HUDSON MA 01749

Student's name: _____

Street address: _____

Town: _____ Zip: _____

Telephone: _____ - _____ - _____

Date of birth: _____ / _____ / _____

High School you attend: _____

Parent's signature: _____

YOU WILL RECEIVE CONFIRMATION BY TELEPHONE

Starting date of class you want: _____

Amount enclosed: \$ _____

CLASS BALANCE: \$200 DUE ON FIRST CLASS