Brunswick Driver Training Ltd.

Tel: 773-1007 Fax: 773-1907 Email: bdt@nbnet.nb.ca

Location:
1753 Water Street
Miramichi, N.B.

Mailing Address:
P.O. Box 395
Miramichi, N.B.
E1N 3A8

REGISTRATION FORM

Course Dates: _____

Name: _____
First Last Initial

Address: _____

_____
Postal Code

Phone: _____ Date of Birth: _____
D M Y

Parents work number: _____

E-mail address: _____

Instructional Permit #: _____

Date of Issue: _____
D M Y

I _____ (parent or guardian) of

_____ (student name) give permission to attend Brunswick Driver Training Ltd. I will assume all responsibility for payment of the course. In registering I have disclosed any learning, medical or physical conditions that may affect this students ability to drive. These conditions are_____

_____

_____ Parents Signature & Date

Payment Visa [ ] Master Card [ ] Cash [ ] Payment Plan [ ]