

**Columbus Police Department
Precision Driving Program for Teens
Registration Form**

Name: _____

Address: _____

E-mail Address: _____

Date of Birth: _____ Driver's License #: _____

Home Phone #: _____ Work Phone #: _____

Parent's Work #: _____ (father) _____ (mother)

Today's Date: _____

For Administrative Purposes Only

Driver Record Check Completed: Y N

Parents: for drivers under the age of 18, written parental consent is **mandatory**. The Precision Driving Program for Teens is an effort by CPD to target the young drivers and provide them with skills that may one day save a life or avoid a serious accident. Emergency Vehicle Operations instructors from CPD will be conducting the training. This is a win-win situation for your teenager that will cost \$25.00. Payment is due with the registration. Checks or money orders are preferred and credit card payments will not be accepted. You will be notified as to the date of the training. A limited amount of financial assistance is available. Please contact Lt. Gary Moody at 376-2607 should you have questions regarding financial assistance, or for any other questions you may have.

I, _____, (driver) wish to participate in the Precision Driving Program for Teens and agree to fully comply with all instructions given by instructors during this one day of training.

I, _____, am the parent/legal guardian of the above driver and also wish for him/her to attend this training.

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____

(If driver is under 18 years of age)

**Return in person to Columbus Police Department or you may mail to
Lt. Gary Moody, Columbus Police Department, 123 Washington Street
Columbus, Indiana 47201**

Date Requested: 1st choice: _____ 2nd choice: _____