

2009 BAY AREA TEEN CLINIC REGISTRATION FORM



Club Membership Number _____ Paid thru _____ Family Member _____ (Membership is optional for this event)			
Driver /Student Name _____ <i>All Drivers Must Fill Out a Separate Form Even If Sharing a Car</i>			
Co-Driver _____			
Address _____		City _____ State _____ Zip _____	
Work Phone _____	Home Phone _____	Fax _____	Cell Phone _____
Email _____			
CONTACT EVENT MASTER FOR RESTRICTIONS ON CONVERTIBLES.			
Vehicle Make _____		Model _____ Year _____ Color _____	
Number of driver schools attended _____			
Please check experience level: Beginner _____ Intermediate ___N/A_____ Advanced ___N/A_____			

The Bay Area Teen Clinic “Another Great Event at The Alameda County Fairgrounds” March 22, 2009 **Registration Deadline: March 18!**
 Go to www.audiclubgoldengate.org for exact time and place of checkin

EVENT MASTER: Pete Solari: pete@audiclubgoldengate.org



	Driver School Participant (includes lunch)	\$99	\$ _____
	Additional lunch for Parent/Gaurdian	Qty _____ @ \$10/ea	\$ _____
		TOTAL	\$ _____

Helmet Required (check if needed) _____ (Helmets are required for all driver schools - limited availability)

Check-In: Sunday March 22, 2009 Alameda County Fairgrounds 4501 Pleasanton Ave, Gate #12 Pleasanton CA

PAYMENT METHODS

Please make Check Payable to: Audi Club Golden Gate mail to: Audi Club Golden Gate c/o Gordon Sanderson 610 13th Street Sacramento, CA 95814-1506

MC Visa Amex CC # _____ Expiration Date _____ Name on Card _____

Use PayPal: info@audiclubgoldengate.org

I possess a valid California Drivers License. Yes _____ Signature _____ Date _____

PHONE: 925.250.6656 FAX: 925.706.0380 WEBSITE: www.audiclubgoldengate.org

Audi of Stevens Creek San Jose, CA

Rector Motor Car Company Burlingame, CA



Carlsen Audi Palo Alto



AUDI CLUB USE ONLY	Credit Processed _____	Entered _____	Confirmed _____	Sent Info _____
--------------------	------------------------	---------------	-----------------	-----------------