

2009 SACRAMENTO AREA TEEN CLINIC REGISTRATION FORM



Are you or is a family member a member of the Audi Club of North America? If yes, please enter the Club Membership Number _____

Driver /Student Name _____ *All Drivers Must Fill Out a Separate Form Even If Sharing a Car*

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Fax _____ Cell Phone _____

Email _____

Vehicle Make _____ Model _____ Year _____ Color _____

Number of months or years driving experience _____

The Sacramento Valley Area Teen Clinic "Another Great Event at America River Junior College" on May 17th, 2009
Registration Deadline: May 14th!
 Go to www.audiclubgoldengate.org for more details. You will receive an email 1 or more weeks prior to the event, providing you with a schedule of the day's events, and any other relevant details.

EVENT MASTER: Gordon Sanderson: gordon@audiclubgoldengate.org



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

Helmet Required (Will be provided free of charge at the event)

Check-In: Sunday May 17, 2009 Niello Audi 2350 Auburn Blvd Sacramento, CA at 8:00 AM

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 CC # _____ Expiration Date _____ Name on Card _____

Use PayPal: info@audiclubgoldengate.org

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

PHONE: 916.296.3888

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 _____
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