



American Driving Society

Young Drivers' Camp Application

Please complete the form below and remit with appropriate fee, to the camp you are applying for. If you have any questions about the camp, direct your question to the contact person listed.

Name _____ Birthdate _____ Age _____

Parent(s) Name _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

E-mail _____ Phone _____

Please provide a brief account of your driving experience in the space provided below.

Payment Information

Total Fees Enclosed : _____

☐ Mastercard ☐ Visa ☐ Check

Credit Card Number _____ Expiration Date (MM/YY) _____

Cardholder Name _____

