THE SAAB OWNERS' CLUB OF CANADA INC.
Enhanced Driving Schools
2008

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Application Form

I apply for the school(s) indicated with a mark in the box(es) below.

- ❑ **Friday May 9** Dunnville Autodrome (Hamilton) - **$265**
- ❑ **Friday October 10** Shannonville Motorsport Park (Belleville), full track, skid pad - **$265**

Cancellation Policy

I agree: that if I cannot attend the tuition is non-refundable unless I first contact the school registrar and someone on the waiting list takes my place (an administration fee of $20 will apply); that if I do attend and my car is unsuitable or cannot complete the day, the tuition is non-refundable; to pay for any damage to the track or replenishment of supplies (e.g. recharge of fire extinguisher) caused by me within ten days of the charges to the Club, failing which that amount can be charged to my credit card (if given).

Information and Privacy Policy

The purpose for collecting a driver's and payee's information is to allow the club to conduct its schools effectively. The primary uses are to enrol and classify a driver as a participant; secondary uses are for the club's insurance and liability protection. Except to the club's insurance and legal representatives and regulatory bodies where necessary, or where permitted by privacy legislation, the club does not disclose personal information to third parties without the owner's consent. Unless directed otherwise in writing the Club may advise you of future driving events using the contact information provided. For more information contact the driving school staff or the club's privacy officer at: privacy@SaabClubofCanada.ca.

I consent: to the use and disclosure of this information in accordance with the Privacy Statement; to you obtaining a report from any schools I listed as having previously attended, as to my attendance/performance at them.

First Name	_____	email	_____
Last Name	_____	Phone (day)	_____
Street	_____	Phone (evening)	_____
Street	_____	fax	_____
City and Postal Code	_____	Car (make, model, year)	_____
Modifications	_____	Car colour	_____
	_____	Plate number	_____
	_____	Previous Schools	_____
	_____		_____
	_____	Group Level	_____
Registrant Signature	_____	**Date**	_____

For Credit Card Payments

I Authorize my Visa/MasterCard to be debited $ _____

Cardholder _____

Card Number _____Expiry _____

Cardholder Signature _____

- email applications require this form to be scanned (pdf, tif, jpeg) with signatures.
- fax applications require this form to be sent with signatures.
- mail applications require this form with original signatures.

For Cheque Payments

Please send a copy of this form signed and your cheque payable to:
"The Saab Owners' Club of Canada Inc."

Club Information

18 Haliburton Avenue, Toronto, M9B 4Y2
Fax: 1 866 580 2261
www.saabclub.ca
registration@saabclub.ca

Date rec'd:	Auth date:
Database:	Auth #
Group:	Conf. date: