Registration for Enrollment
in the
Motorcycle Safety Foundation Course

Mountain States Driver's Education

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (*mm/dd/yyyy*): _____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Email Address: _____

Class Start Date (*mm/dd/yyyy*): _____

Location where you would like to attend class: _____

Parent/Guardian Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (_____) _____

How did you hear about our school?

❏ Internet ❏ Newspaper Flyer ❏ Previously used our School ❏ Parent Pages

❏ Phone Book (which one?) _____

❏ Personal referral (who, so we can thank them) _____

❏ Other (please specify) _____

Please remit registration form with $239.00 tuition fee to:

Mountain States Driver's Education, Inc.
1721 W. Harmony Rd., Suite 106
Fort Collins, CO 80526

Questions? Call Anthony Smith at (970) 391-7023 or (303) 884-6504 (leave message if no answer).

Approved and regulated by the Colorado Department of Revenue, Motor Vehicle Business Group, Driver License Section.