

Entered By: _____

Sarpy County Safety Program 8 Hour Class Registration

Full Name as it appears on your driver's license (Please print clearly):

LAST NAME FIRST NAME MIDDLE NAME
ADDRESS _____
CITY _____ STATE _____ ZIP _____ DAY PHONE _____
DATE OF BIRTH ____/____/____ DRIVERS LICENSE # _____
MALE ____ FEMALE ____ UNDER AGE 21 ____ COURT DATE ON TICKET ____/____/____
CLASS DATE CHOICE ____/____/____ CLASS TIME CHOICE _____ AM / PM
METHOD OF PAYMENT: CASH _____ MONEY ORDER _____ TRAVELERS OR CASHIERS CHECK _____

I attest that I am a participant needing reinstatement, points back or have violations not eligible for a Four Hour class. I also understand that **NO REFUNDS** will be given and **AN ADDITIONAL \$115.00 WILL BE REQUIRED TO RESCHEDULE** should I be absent from the class. If, *under emergency circumstances only*, rescheduling is required, participants must call (402) 827-9827 no less than 24 hours prior to their scheduled class in order to reschedule. The cost of my registration is \$115. A **COURT EXTENSION WILL BE REQUIRED TO PAY ANY ASSOCIATED COURT COSTS (\$45)** when registering.

SIGNATURE _____ TODAY'S DATE ____/____/____

FOR OFFICE USE ONLY:

____ DMV Reinstatement/per Attorney \$ _____ class fee
____ Point Reduction \$ _____ court fee
____ Ext Date _____ n/c
____ m/o _____

Received By: _____