



**American Association of Retired Persons (AARP)
DRIVER SAFETY PROGRAM**

This is a two-day course taught by a trained volunteer instructor. You must attend both days to be awarded a certificate of completion.

Date: _____ (Please check flyer for dates)

Time: 9am - 1pm

Cost: \$15 (non-refundable)

Place: Municipal Services Building - Community Room, 33 Arroyo Dr., S.S.F.

Contact: (650) 829-3820

Registration deadline is 1 week before class date. You can register in person at the Magnolia Center (601 Grand Ave, 3/F, SSF) or mail your application and check (**payable to AARP**) to:

AARP DRIVER SAFETY PROGRAM

Magnolia Center

Attn: Program Coordinator

P.O. Box 711

So. San Francisco, CA 94080

Do not send cash!



AARP Driver Safety Program Application

Please enroll me / us in the above course on dates _____.

Enclosed is a check in the amount of \$ _____, which I understand, is non- refundable.

Name of registrant: _____

Name of registrant: _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Telephone: () _____

FOR OFFICIAL USE ONLY

Date received:

Staff/Volunteer:

Amount: (Cash/Check) \$