



Vehicle Dynamics / High Performance Driving Program

www.1adsi.com

Name: _____ Email: _____

Address: _____ Phone(s): _____

City/State: _____ Make/Model/Year of entered car: _____

Vehicle Owner: _____ Owner Signature: _____

Registration State and Number: _____ License # and State _____

Insurance Company and Policy Number: _____

Event Name and Date _____

Previous Driving Experience (check all that apply):

- Car Control Clinic - Date/Location/Organization: _____
- Driving/Racing School – Date/Location/Organization: _____
- Autocross/Rallycross: _____
- Time Trails – Date/Location/Sanctioning Body: _____
- Racing Experience – Type/License Number and Sanctioning Body: _____

Please fill form out completely and send with payment. **Incomplete entry forms will not be processed.** Make checks payable to “Advanced Driving and Security, Inc.” in the amount of \$250.00. Payment by check or cash must be received 3 weeks prior to the event to book your space.

Send completed forms and payment to:

**Advanced Driving & Security, Inc.
5 Franklin Road, Suite 5
East Greenwich, RI 02818**

Questions can be directed to the ADSI staff info@1adsi.com or 1 401294 1600.

Entrant Name Printed: _____

Entrant Signature: _____ Date: _____

- Entrants must be 18 yrs of age or have spoken to Anthony Ricci, at ADSI prior to sending forms in.
- Cancellation policy: A \$75.00 processing fee is kept by ADSI if you cancel less than three weeks prior to the event start date.
- A non-refundable deposit of \$250.00 will be kept by ADSI if you sign up for an event and do not show.

ADVANCED DRIVING & SECURITY INC.