



The American Driving Society, Inc.

ADS Educational Activity Organizer's Application/Registration For: Camps, Clinics and Schooling Events

This Application/Registration MUST be received by the ADS office at least 15 business days prior to the start of the activity in order for the activity to be considered for registration, and therefore be eligible for insurance coverage. Applications must be accompanied by the applicable premium payment. Any Application/Registration received less than 15 business days before the start of the activity, if registered, will incur a \$50 late fee. Acceptance of any Application/Registration is at the discretion of the ADS. It is the Organizer's responsibility to confirm that their application has been received by the ADS office and that the activity has been registered. The activity will not be eligible for registration if the application and premium due are received by the ADS AFTER the activity has begun. Organizer MUST be an ADS Member.

Name of Activity: _____ Date: _____

Name of Facility: _____ Facility Manager: _____

Website: _____ Address: _____

Organizer's Name: _____ Organizer's ADS #: _____ Phone: _____

Address: _____ Email: _____

TYPE OF ACTIVITY: Clinic Camp Schooling Event

Participants Fee: _____ Number of Expected Participants: _____

Clinician/Judge: _____ ADS #: _____

If not an ADS member, provide qualifications/credentials:

Facility Info: Landowner/Business Name: _____ Phone: _____

Address: _____ Email: _____

Check here if landowner/business is to be included as an additional insured. If more than one additional insured is required provide the same information for each on reverse side of this application.

ACCEPTANCE OF TERMS:

I have read the Requirements for an ADS Educational Activity and the ADS Disclaimer Form. I understand those Requirements and terms and the responsibility I accept as an ADS Educational Activity Organizer. I agree as a condition of the ADS Registration of this Activity to adhere to those conditions and pay the appropriate fees.

Organizer's Signature: _____ Date: _____

FEES: \$75 Activity/Event with no additional insured. \$110 Activity/Event with one additional insured. \$51.50 for each additional insured over one. \$50 LATE fee for activities submitted less than 15 days prior to the start of the activity.

Name on Card: _____ Card Number: _____ Expiration: _____

Billing address: _____ Total due: _____

Check #: _____ Amount enclosed: _____ CCV#: _____

MAIL THIS SIGNED APPLICATION WITH CHECK PAYABLE TO: The American Driving Society, Inc., PO Box 278, Cross Plains, WI 53528 info@americandrivingsociety.org