

Safety Training Registration Form

**2016 Andover Sno Dragons  
Snowmobile Training Registration Form**

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # (evening): \_\_\_\_\_

Email address: \_\_\_\_\_

**Student's Legal Name and Birthdate:**

1	_____	_____	_____	_____
	Last Name	First Name	Middle Name	Gender (M/F)
2	_____	_____	_____	_____
	Last Name	First Name	Middle Name	Gender (M/F)
3	_____	_____	_____	_____
	Last Name	First Name	Middle Name	Gender (M/F)

**Class Date:** October 11 6:30 PM Registration and instruction  
October 15 9:00 AM to 2PM is the driving course

Instruction, quiz, and driving test will be completed.  
Classes are held at Andover Elementary school in Andover, MN  
Address: 14950 Hanson Blvd., Andover, MN 55304

**Payment is made to DNR on their website.**

Please mail this completed form to:

**Andover Sno Dragon  
% : Safety training  
P.O. Box 671  
Andover MN 55303**

**Questions:** please email: [andoversnodragons2@gmail.com](mailto:andoversnodragons2@gmail.com)

