



# Stanislaus County Sheriff's Regional Training Division

Adam Christianson  
Sheriff-Coroner

*In Partnership With Modesto Police & Our Eight County Region*

## *4 Hour Drivers Safety Training*

**Date:** October 11, 2008  
October 20, 2008  
October 25, 2008

**Time:** 0800-1200 hours

**POST Plan#:** None

**Cost:** \$135.00

**Location:** Crowslanding Flight Facility  
20501 Bell Road  
Crowslanding, Ca

### **Course Information:**

This 4 hour course is designed for drivers safety and awareness. After an informative classroom presentation, most of the time is spent behind the wheel. The course consists of slow speed vehicle placement, accident avoidance, and skid recovery.

### **Registration Information:**

To register for the course please complete the Course registration form attached. For course information contact Mike Cook @ (209)652-0615, [mcook@stanislaussheriff.com](mailto:mcook@stanislaussheriff.com) or contact our office at (209) 525-4701.



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## Course Registration Form

Course Title: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Training Coordinator \_\_\_\_\_

Or Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Student Names: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**(Payment must be received with registration form)**

Check     Visa     Mastercard    Payment Amount: \_\_\_\_\_

Name of Card Holder or Agency Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Agency Representative or Card Holder Signature: \_\_\_\_\_

**FEES:**

- Fees are subject to change. Verify current fees for ALL courses by calling (209) 525-4701.
- Please make checks payable to Stanislaus County Sheriff's Department.

**PAYMENT AND CANCELLATIONS:**

- No-Shows and those not canceling 14 days prior to first date of class will be charged full tuition fee. Cancellations must be submitted in writing.
- NOTE: Classes may be cancelled at any time if the minimum enrollment is not attained. You will be notified of any change. A full refund will be given if class is cancelled.

<b>FOR OFFICE USE ONLY:</b>		
Date Received _____	Amount \$ _____	CK# _____
Initials _____		

For reservations please complete form and fax to (209) 525-4712.