

TOWING & RECOVERY ASSOCIATION OF WASHINGTON

One Day Driver Clinic



DATE of Class: _____

Location: _____

TIME: 9:00am – 3:00pm

CHARGE: TRAW Member - \$ 25.00 (Includes Lunch)
Non-Member - \$100.00 (Includes Lunch)

****If you plan to send a driver, register soon as each One Day Class is limited to 20 students.**

Reserve Space for:

NAME HOW MANY YEARS EXPERIENCE TYPE OF TRUCK & UNIT YOU DRIVE

NAME HOW MANY YEARS EXPERIENCE TYPE OF TRUCK & UNIT YOU DRIVE

NAME HOW MANY YEARS EXPERIENCE TYPE OF TRUCK & UNIT YOU DRIVE

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment Method – **Payment must be received prior to clinic.**

Check Visa MasterCard AMEX

Card Number: _____ V Code: _____ Expiration Date: ____/____

Signature: _____ Printed name on card: _____

Billing zip code: _____

***If possible, please bring the truck you drive on a regular basis.**

Towing and Recovery Association of Washington
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