

Application Form "SPIRIT OF THE 4x4 DRIVING SCHOOL"

(PART TIME BASIC)
(FULL TIME BASIC)



Name-Surname Mr. Mrs. Ms.

Birthday D/ M /Y Blood Group Driving License No. T-Shirt Size L XL

Home Address Soi. Rd.

Sub District District Province Zip Code

Tel. Mobile Tel. Fax.

Occupation Office Name Position

Office Address Soi. Rd.

Sub District District Province Zip Code

Tel. Fax E-mail

Make of 4x4 car used in training Model Car Plate No.

REMARKS : I, the undersigned, hereby undertake that if there is any loss or damage resulting from my driving, I alone shall be responsible and the Organizer shall be indemnified from any responsibility thereof.

Signature.....

Date.....

PAYMENT

I wish to apply the Spirit 4x4 training course and hereby have paid.....Baht

By Cash
 Transfer to Inter-Media Consultant Co., Ltd.
 Siam Commercial Bank Public, Chidlom Branch
 Currency Bank Account No. 001-3-09319-9
 (After Transferred, Please fax payment slip to
 Fax No. 0-2641-8480 or 0-2641-8444 Ext. 405

Items	Price per person	(Baht)
1. Trainee <small>(This price includes 4 meals, T-shirt, cap, certificate and text)</small>	4,200 x	
2. Additional adult <small>(Includes 4 meals)</small>	2,000 x	
3. Additional children <small>(5-14 years old)</small>	1,000 x	
4. Accommodation		
Total		

Credit Card JCB VISA MASTER CARD

Card No Expired Date /

Last 3 digits back of credit card

Bank Name.....Branch.....

Card Name.....Signature.....

Date.....

Name and address for required receipt

.....

.....