

_____ Date Registered

Share the Road Safety Class Participant Registration



Pre-registration required, please print clearly. Complete all information possible and return to the SRSC coordinator at: Legacy Emanuel Hospital, 2801 N. Gantenbein Ave. Room 2012, Portland, OR, 97227.

Name: _____ Male _____ Female _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Birth Date: _____ **Driver's License/State ID #:** _____

Violation: _____ (Were You) Bicyclist, Motorist or Pedestrian

Citation # _____

Referring Court or Police: _____

Scheduled Course Date: _____

_____ The following information to be completed by the SRSC Coordinator _____

COURSE DATE: _____

All Course Requirements Completed.

Course Requirements **NOT** completed.

Explanation: _____

Course Coordinator

Date