



Motor City Driving Academy, LLC.

132206 W. McNichols Rd. · Detroit · MI · 482235 · (844) 449-0460

State Certification # P000426 · Office Hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

ADULT BTW CONTRACT

Student: (last) _____ (first) _____ (middle) _____

Address: City: State: Zip: _____ Home or Cell

#: _____ Age: _____ D.O.B. _____

Temporary Instruction Permit (TIP) #: _____ TIP Issue Date: _____

ADULT BTW PROVISIONS

- 1. Motor City Driving Academy, LLC. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
- 2. The Student must be at least 18 years of age by the first day that BTW instruction is given. You must have your temporary instruction permit in your possession for all drives.**
- 3. Pick up and Drop off are included in the fee as long as your pick up and drop off location is within five miles of our office. Otherwise there is a 35.00 fee or a one time 75.00 fee if you purchase the 12 hour package.**

ADULT BTW TERMS

1. The Student agrees to purchase: **3 hrs @200.00 or 6 hrs @ 375.00 or 12 hrs@575.00** of BTW instruction. The total amount must be paid at the time of registration for the BTW instruction in the form of; cash, or credit or debit card
2. Hours Purchased _____ Amount: _____
3. Students are expected to show up for all scheduled appointments on time and prepared with their T.I.P. You must contact your instructor to cancel appointments or cancel 24 hours in advance or you will be charged a \$30 No-Show fee. All fees must be paid to the instructor before the next scheduled drive.

REFUND POLICY NO REFUNDS ARE ISSUED AFTER YOU'VE BEGUN TRAINING.

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes • No • If Yes, please explain:
2. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes • No • If Yes, please explain:
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes • No • If Yes, please explain:
4. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes • No • If Yes explain:

Date: _____ Student Signature: _____