

# Defensive Driving

Adults 55 years and older who complete an accident prevention course every three years are eligible for a 10 percent automobile insurance premium reduction. These courses are cosponsored by the MN Safety Council and New Hope Police Department. You must attend the entire class to receive a certificate. No driving or testing is required. Please include your driver's license number when registering. Advanced registration is required.



## Eight-Hour Course

**Course:** 220305-A

**Date:** Thursdays, September 24 and October 1

**Time:** 5:30-9:30 p.m.

**Location:** New Hope City Hall,  
4401 Xylon Ave N

**Fee:** \$28 New Hope residents  
\$35 Nonresidents

**Register:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428  
763-531-5151

**Online:** [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)

## Four-Hour Refresher Course

(must have taken the Eight-Hour Defensive Driving course)

**Course:** 220306-A

**Date:** Tuesday, September 29

**Time:** 5:30-9:30 p.m.

**Course:** 220306-B

**Date:** Tuesday, November 10

**Time:** 12:30-4:30 p.m.

**Location:** New Hope City Hall  
4401 Xylon Ave N

**Fee:** \$26 New Hope residents  
\$33 Nonresidents

Refunds, program credits and transfers are allowed up to one week before the start of the program. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card. Questions? Call 763-531-5151

## Defensive Driving - Fall 2020

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Course # \_\_\_\_\_ Dates \_\_\_\_\_ Time \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

I authorize the sponsoring cities to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, my name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_