

# 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 co-sponsored by the Minnesota Safety Council and the New Hope Police Department. You must attend the entire class to receive a certificate. No driving or testing required. Please include your drivers' license number when registering. *Advanced registration is required.*

## Eight-Hour Course

**Course:** 220305-A  
**Date:** Wednesdays, October 5 and 12  
**Time:** 5:30-9:30 p.m.  
**Location:** New Hope City Hall, 4401 Xylon Ave N  
**Fee:** \$28 New Hope residents  
\$35 Nonresidents

## Four-Hour Refresher Course

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

**Course:** 220306-A  
**Date:** Wednesday, September 14  
**Time:** 5:30-9:30 p.m.  
**Course:** 220306-B  
**Date:** Thursday, 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



Facebook.com/newhoperecreation

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

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

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 2022

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 \_\_\_\_\_