

HOWARDCenter
WEEKEND RESIDENTIAL REGISTRATION
Project CRASH Education Program
(Drinking Driver Rehabilitation Program (DDRP))

To register for the Project CRASH Educational Program you must complete this document and return both Registration and Money Order in the amount of **\$600.00 PAYABLE TO HOWARDCenter** at least two weeks prior to the beginning of the Weekend Residential Program you wish to attend.

MAIL TO: Sandi K
HOWARDCenter/Project CRASH
855 Pine Street
Burlington, VT 05401

Note: Money Order is the only accepted form of payment for registration. If registration is received without a money order, you will not be registered and documents will be returned to you. If registration documents are received after the weekend you wish to attend is full, we will register you for the next available weekend and you will be notified.

LOCATION of the School you will attend: SLEEPY HOLLOW INN Ski & Bike Center
1805 Sherman Hollow Rd., Huntington, Vermont

Date of Weekend You Wish to Attend _____

Please Print Your Name: _____ Date of Birth: _____
(your complete legal name)

Complete Address: _____

Telephone Number: (Day) _____ (Evening) _____

Total Number of Alcohol Related Driving Offenses: _____ License # if available _____

Reason Attending this School: First DWI in Vermont Second DWI in Vermont
 Civil Suspension Court/Probation Ordered
 DWI in another State: Date(s) _____
State(s) _____
 Other _____

Education: Less Than High School High School Some College College More Than College

Marital Status: Single Married Divorced/Separated Significant Other Other

Any disabilities that Project CRASH should be aware of? No Yes
If yes, please list any assistance or assistive devices that you may need: _____

I hereby acknowledge receipt of a copy of the rules, requirements, fees, and registration process of the Project CRASH Educational Program. (Cover page of this packet).

Signature: _____ Date: _____
(your complete legal name)