

FEARRINGTON CARES
Driver and Car Document Information

Today's Date _____

Full Name _____

Driver's License: Copy Attached _____

Vehicle Insurance Identification Card : Copy Attached _____

Has your Driver's License ever been suspended or revoked?

NO _____ YES _____

Signature of volunteer driver

Date

Entered by FC Staff

Date

PLEASE COMPLETE AND HAND DELIVER THIS FORM TO THE FEARRINGTON CARES
OFFICE –
28 Swim and Croquet (behind the Gathering Place)

OR MAIL TO:
2020 Fearrington Post, Pittsboro, NC 27312