



# Buzzards Bay Sail & Power Squadron

## Course Registration Form

Course Title:  Date:

First Name:  MI:  Last Name:

Address:

City:

State:  Zip:

Phone:

Email:

Under 18**	<input type="checkbox"/> Yes	Date of Birth (mm/dd/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Hair Color:	<input type="text"/>	Eye Color:	<input type="text"/>	Height:	<input type="text"/>	ft	<input type="text"/>	in	

\*\* The above information is required for class credit and state boating certification. Please be sure it is correct.

Parent/Guardian approval signature for minor-age student \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent / Guardian \_\_\_\_\_

Do you own a boat? (type, size) \_\_\_\_\_

What are you interested in learning? \_\_\_\_\_

How did you find us? \_\_\_\_\_

Comments? \_\_\_\_\_