

# **BOATING SAFETY BASICS CLASS REGISTRATION FORM**

***PLEASE MAKE ALL CHECKS OUT TO "RON WALSH"***

**PLEASE PRINT LEGIBLY**

**DATE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**HAIR COLOR** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**IF YOU ARE AGE 17 OR UNDER, YOUR DATE OF BIRTH \_\_\_\_\_ NOTE: TUITION MUST ACCOMPANY REGISTRATION. REGISTRATIONS WILL BE CONFIRMED BY EMAIL/PHONE. SIGN UP EARLY AS THERE IS LIMITED SPACE. NON-REFUNDABLE UNLESS CLASS IS CANCELLED.**

**HOW DID YOU HEAR OF THE CLASS? (PLEASE SPECIFY)**

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