

Boating Safety Course Walk-In Student Sign Up Sheet: 1 of ____

INSTRUCTOR USE ONLY

Instructor Name(s) _____

Date of Class: _____ Location of Class: _____

Name: _____
First Middle Initial Last

E-Mail (optional): _____

Date of Birth: ____/____/____ Male:____ Female:____
MM DD YY

Mailing Address: _____
PO Box or Street City, State Zip Code

Phone: _____ Race (Optional): American Indian____ Asian____ Black____
Hispanic____ White____ Other: _____

Name: _____
First Middle Initial Last

E-Mail (optional): _____

Date of Birth: ____/____/____ Male:____ Female:____
MM DD YY

Mailing Address: _____
PO Box or Street City, State Zip Code

Phone: _____ Race (Optional): American Indian____ Asian____ Black____
Hispanic____ White____ Other: _____

Name: _____
First Middle Initial Last

E-Mail (optional): _____

Date of Birth: ____/____/____ Male:____ Female:____
MM DD YY

Mailing Address: _____
PO Box or Street City, State Zip Code

Phone: _____ Race (Optional): American Indian____ Asian____ Black____
Hispanic____ White____ Other: _____