USPS Boating Course Registration Form
San Juan Power Squadron

Course Title: _____ Date: _____

PLEASE PRINT

_____ _____
Last Name First Name (include middle initial)

_____
Street Address

_____
City State Zip Code

_____ _____
Telephone Number E-mail Address

Sex _____ (M/F) Birth Dt: _____ / _____ / _____ (mm/dd/yyyy) Last 4 digits of social security # _____

Hair Color _____ Eye Color _____ Height: _____ ft _____ in

(The above information is required for class credit and also for state boating certification. Please sure it is accurate)

BOAT TYPE: ☐ None ☐ Outboard ☐ Inboard/Outboard ☐ Inboard ☐ Sail ☐ PWC ☐ Paddle

BOAT LENGTH: ☐ Under 16' ☐ 16-25' ☐ 26-39' ☐ 40-54' ☐ 55'And Over

DO YOU TRAILER YOUR BOAT? ☐ Yes ☐ No # YEARS BOATING _____

HOW DID YOU LEARN ABOUT THIS CLASS?

☐ Newspaper/Magazine ☐ TV ☐ Radio ☐ Internet ☐ Booth at Show/Mall ☐ Word of Mouth

☐ USPS Poster/Literature ☐ Other-Description: _____

☐ Check this box, if you do not want to receive information from our boating partners.

Squadron Instructions: this information must be submitted to headquarters electronically with the transmittal of EDS26

Data from the Boating Course Workbook or BCA. Retain a copy in your records for 6 years.

CREDIT CARD AUTHORIZATION FORM

I, _____ , hereby authorize San Juan Power Squadron to charge my _____
Visa or Master Card

Card #: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

_____

Phone: _____

In the amount of $90.00 for my registration to the Boating Course selected above.

_____
Signature

Please send me the confirmation note of the registration to: ☐ Fax _____

☐ Mail _____ ☐ Email _____

Please fax this form duly filled out to SJPS - (787) 655-4524. No cover page needed.