

# USPS™ Boating Course Registration Form

Class 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 be 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.

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**Squadron Instructions:** this information must be submitted electronically to headquarters.  
Retain a copy in your records for 6 years.