

St. Petersburg Sail and Power Squadron Registration Form

Please print legibly.

Date: _____ (of first class)

Table ID: _____
(To be entered by Squadron Personnel.)

Last Name: _____ First Name: _____ MI: _____
Enter your name exactly as you would like it to appear on your completion certificate.

Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Email: _____ Sex: Male Female

Date of Birth: _____ State of Birth: _____

Boat Type (check all that apply): None Sail Power Paddle PWC

Length (check all that apply): Under 16 16-25 26-39 39-54 over 54

Boat's HP: _____ Your years of Boating Experience: _____

Please help us get the most of our limited advertising dollars by telling us where you heard about our course.
(Please check all that apply.)

Newspaper - Name (if known): _____

Friend: _____

Squadron Member: _____

Radio/TV - Station (if known): _____

Website - Address (if known): _____

Magazine - Name (if known): _____

Poster - Where did you see it? _____

Other - Please describe: _____