



# United States Maritime Academy

## Port Townsend Registration

**Class Location** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Name** (printed as it will appear on license)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Address**

Street /PO \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**E Mail** \_\_\_\_\_

**Age** \_\_\_\_\_

**Citizenship** \_\_\_\_\_

### How did you hear about U.S. Maritime Academy?

- |                                    |                                   |                                 |                                      |
|------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| Web Site <input type="checkbox"/>  | Magazine <input type="checkbox"/> | Friend <input type="checkbox"/> | Coast Guard <input type="checkbox"/> |
| Newspaper <input type="checkbox"/> | Flyer <input type="checkbox"/>    | Work <input type="checkbox"/>   | Other <input type="checkbox"/>       |

Please register me in the class specified above. I include a \$30.00 deposit to reserve my place in class and be applied toward tuition.

**Signed** ..... **Date**..... **Deposit** .....

Send checks payable to: USMA / P.O. Box 165 / Nordland / WA / 98358