



# 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** \_\_\_\_\_

**Telepresence:**

If you are planning on attending remotely more than 50% of the classes, circle: **T**

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

- |                                   |                                |                               |                                |
|-----------------------------------|--------------------------------|-------------------------------|--------------------------------|
| Web Site <input type="checkbox"/> | Flyer <input type="checkbox"/> | USCG <input type="checkbox"/> | Media <input type="checkbox"/> |
| Facebook <input type="checkbox"/> | Frend <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 to: USMA / P.O. Box 165 / Nordland / WA / 98358 or  
Scan / pic and email to: usmaoffice@olympen.com  
Checks payable to: USMA / P.O. Box 165 / Nordland / WA / 98358