



# 60 Years of Training Boaters

## Course Mail-In Registration

Course Name: \_\_\_\_\_

Course Fee: \$ \_\_\_\_\_ (don't forget to apply discount if applicable)  
(Please make cheque payable to **London Power and Sail Squadron**)

Membership ID: \_\_\_\_\_ London Squadron

<b>Please Print:</b> Same name as on your Drivers Licence or Photo ID	
First Name:	
Last Name:	
Address Line 1:	
Address Line 2:	
City:	
Postal Code:	
Date of Birth: <i>Required for Boating, PCOC and VHF Radio</i>	Month: _____ Day: ____ Year: _____
E-Mail:	
Phone Number:	

Please mail form and cheque to:

**London Squadron Course Registration  
c/o Bev Miatello  
109 Vauxhall St.  
London, ON, N5Z 1B5**