



# United States Maritime Academy

## Chicago Class Registration

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

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

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

**Address**

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

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

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

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

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

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

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

Web Site  Magazine  Friend  Coast Guard

Newspaper  Flyer  Work  Other

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** .....

Checks payable to USMA Chicago / 1640 A / N. Burling / Chicago / Ill / 60614