



# United States Maritime Academy

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

**Soc. Sec. #** \_\_\_\_\_

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 Ohio / 32887 Electric Ave / Avon Lake, OH / 44012