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.

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

Bring cash payments to class as listed on the Schedule and Registration website pages