



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**

Please Print: 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 John Manvell
15 Madeira Drive
London, ON, N5V 2M3**