

The Nautical School

Course Registration Form

Course Title:	<input type="text"/>
Start Date:	<input type="text"/>
Course Location:	<input type="text"/>
Course Number:	<input type="text"/>
Course Materials:	<input type="text"/>
First Name:	<input type="text"/>
	** full legal name
Last Name:	<input type="text"/>
	** full legal name
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Telephone Number:	<input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number:	<input type="text"/>
	**You may give us your Social Security Number once class starts.
E-mail Address:	<input type="text"/>

**Coast Guard Requirements: the U.S.C.G. requires that we keep student records. A copy of a photo ID, your full Legal Name and your Social Security Number are part of that required paperwork.

Please call, mail or fax information to:

The Nautical School
11 Commercial Street
Plainview, NY 11803
P: 1.800.992.9951
F: 516.681.5589