

**UNITED STATES COAST GUARD AUXILIARY
FLOTILLA 02 02**

REGISTRATION FORM

- BS&S - 12-Lesson
- BS&S - 6-Lesson
- ACN

Name: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Phone: (Work) _____ **(Home)** _____

Under Age 17 **Yes** **No**

Do you own a boat? _____ If so, what kind: **Sail**
 Power-Outboard **Power-I/O** **Power-Inboard**
 Personal Water Craft (PWC)

Boat Length: _____

Do you feel you might have an interest in joining the United States Coast Guard Auxiliary? **Yes** **No**

How did you find out about this course? _____

(For CG AUX Use Only)

Date Registered: _____

Text & Study Guide: _____ **Study Guide Only:** _____

Paid: \$ _____ (check) \$ _____ (cash)
