



WEST ISLAND SQUADRON

COURSE REGISTRATION FORM



Please check the course for which you wish to register:

| | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> BOATING | <input type="checkbox"/> SEAMANSHIP | <input type="checkbox"/> ADVANCED PILOTING | <input type="checkbox"/> CELESTIAL NAVIGATION |
| <input type="checkbox"/> S/POWER | <input type="checkbox"/> S/SAIL | <input type="checkbox"/> WEATHER FUNDAMENTALS | <input type="checkbox"/> WEATHER GLOBAL |
| <input type="checkbox"/> VHF RADIO | <input type="checkbox"/> | <input type="checkbox"/> MARINE MAINTENANCE | <input type="checkbox"/> MARINE ELECTRONICS |
| <input type="checkbox"/> BOAT-PRO (PCOC) | <input type="checkbox"/> | <input type="checkbox"/> INSTRUCTOR TRAINING | <input type="checkbox"/> |

Note: The information given below will be for CPS internal use only. CPS policies conform to the Federal and Provincial laws governing the Privacy of Personal Information

| |
|---|
| APPLICANTS NAME (BLOCK CAPITALS) MR. MRS. MS. MISS. (LAST) _____ (FIRST) _____ |
|---|

ADDRESS: STREET _____ APT. _____

CITY _____ PROV. _____ POSTAL CODE _____

TELEPHONE: BUSINESS _____ RESIDENCE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ (FOR CCG PROFICIENCY CARD)
dd/mm/yy

ARE YOU A MEMBER OF CPS (Yes / No) SQUADRON NAME _____ MEMBER# _____

APPLICANT'S SIGNATURE _____ DATE _____

I found out about this course from:

- CPS Member
- A Friend
- Yacht Club
- Boat Show
- Flyer
- Billboard
- Other

Yes () if I pass the CCG Boat Pro exam, I would like to become an associate member of CPS.

No () I am not interested in becoming a CPS member, I will only receive a certificate if I pass the final exam.

| <i>FOR SQUADRON USE ONLY</i> | | | |
|--|---------------------------------|-----------------|---------------|
| <i>FEES AND SUPPLIES</i> | <i>REQUIRED</i> | <i>RECEIVED</i> | <i>AMOUNT</i> |
| <i>REGISTRATION & STUDENT KIT</i> | _____ | _____ | _____ |
| <i>OTHER ITEMS</i> | _____ | _____ | _____ |
| | | <i>TOTAL</i> | _____ |
| <i>ABOVE MATERIAL RECEIVED</i> _____ | <i>INITIALS</i> | | |
| <i>PAID BY CASH/CHEQUE</i> RECEIVED BY _____ | <i>FOR WEST ISLAND SQUADRON</i> | | |
| <i>CHEQUE NO.</i> _____ | <i>DATE</i> _____ | | |