



San Joaquin Delta Power Squadron Partner in Command Class

DATE OF CLASS Requested: _____

Please fill out and send us this form, along with your check to reserve your space (one boat, two people) for the Partner in Command class.

Make your check payable to the **San Joaquin Delta Power Squadron.**

NAME OF SKIPPER _____

NAME OF STUDENT _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NR: _____

E-MAIL ADDRESS: _____ FUTURE CORRESPONDENCE Y/N

SEX: M ___ F ___ DOB (MM/DD/YYYY) ___/___/___ EYE COLOR: ___ HT: ___ FT ___ IN

** The above information is required for class credit and also for state boating certification. Please be sure it is correct.

BOAT NAME: _____

BOAT MAKE AND MODEL _____

THRUSTER ___ INBOARD ___ OUTBOARD ___ I/O ___ SINGLE ___ TWIN ___

BOAT LENGTH: _____ BOAT WIDTH: _____

NR YEARS IN BOATING: ___ HOW DID YOU HEAR ABOUT US? _____

APPROX TIME ARRIVING: FRIDAY EVENING _____ SATURDAY, BY 7A.M. _____

My vessel is insured and I have a current year Vessel Safety Check ___ Yes ___ No

Course Cost: \$60 Includes all course fees, sales tax and dinner Sat eve.

Signed: _____

Skipper

Student

Date

Mail to:

Doug Sherman
Partner in Command Class
4265 Boulder Creek Circle
Stockton, CA 95219