

ACADEMY REGISTRATION

Please Print Clearly

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Email _____

MEMBER? YES _____ NO _____

CHECK: Enclosed is my Class Fee \$ _____

Please make your check out to:

Finger Lakes Boating Museum
PO BOX 575
Hammondsport, NY 14840

CREDIT CARD:

Amount: _____ Card Type: _____

Name on card: _____

Expiration Date : _____ Card #: _____ CCV: _____

PLEASE WRITE IN WHICH PROGRAMS / DATES
YOU WILL BE PARTICIPATING IN

COURSE / DATE

<input type="radio"/>	_____
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WORKSHOPS / DATE

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