



OHIO BOATING EDUCATION COURSE COURSE REGISTRATION FORM

OBEC Instructors must submit this completed form to the Division of Watercraft PI&E Section Manager no later than six weeks prior to the start of the course. Submit one form for each course. Send form by Fax: (614) 267-8883, or mail to: **Attn: OBEC / PI&E Section Mgr., ODNR Division of Watercraft, 2045 Morse Road, Bldg. A-2, Columbus OH 43229.**

COURSE LOCATION:

County: _____ D.O.W. Field Office: _____

Facility: _____ Accessible: Yes No

Street Address: _____ Room #: _____

City: _____ State: _____ Zip: _____

Co-Sponsoring Agency (if any): _____

Contact Name: _____ Phone: () _____

COURSE SCHEDULE:

Start Date: _____ Number of Sessions: _____ Total Hours of Course: _____

Schedule of Sessions: Date: _____ Time: _____ AM/PM to _____ AM/PM

_____ Time: _____ AM/PM to _____ AM/PM

_____ Time: _____ AM/PM to _____ AM/PM

_____ Time: _____ AM/PM to _____ AM/PM

STUDENT REGISTRATION:

Contact: _____ Phone: () _____

Course Fee: Yes No Amount: \$ _____

COURSE INSTRUCTOR(S): (list additional instructors on back)

Lead Instructor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

Asst. Instructor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

NOTE: To borrow teaching aids for use in this course, contact your home field office well in advance to confirm availability and to arrange for obtaining the equipment.