

On The Water
SAFE BOAT HANDLING PROGRAM
sponsored by the New Hampshire Boat Museum

RESERVATION

Name of Student: _____	Age: _____
Address: _____	
Telephone: _____	Email: _____
Requested training date: _____	Time: _____

Owner of Power Boat: _____			
Address: _____			
Location of Power Boat: _____			
Power Boat Description:			
Make _____	Model _____	Length _____	
State Registration# _____			
Power Type:	<input type="checkbox"/> OB	<input type="checkbox"/> I/O	<input type="checkbox"/> Inboard
			Horsepower _____

Reservation Confirmation Information: _____

