

UNITED STATES COAST GUARD AUXILIARY

Metedeconk River - Flotilla 16-10

AMERICA'S BOATING COURSE (ABC) -

2008 Schedule

Check Preferred date

(all classes start at 8:15 AM)

- | | | |
|--------------------------|--------|--|
| <input type="checkbox"/> | 1-Mar | Coast Guard Station - Manasquan (Inlet Drive - Pt. Pleasant) |
| <input type="checkbox"/> | 15-Mar | Coast Guard Station - Manasquan (Inlet Drive - Pt. Pleasant) |
| <input type="checkbox"/> | 12-Apr | Coast Guard Station - Manasquan (Inlet Drive - Pt. Pleasant) |
| <input type="checkbox"/> | 26-Apr | Coast Guard Station - Manasquan (Inlet Drive - Pt. Pleasant) |

Note: Since registration is limited, students are encouraged to sign up as early as possible. The American Boating Course text book, along with a reading assignment will be mailed to you prior to the scheduled school date - time permitting.

Course Topics:

- | | | |
|-------------------------|--------------------------|----------------------------|
| -Which Boat is for You? | -Equipment for Your Boat | -State & Fed. Boating Laws |
| -Your Boat's Radio | -Rules of the Road | -Aids to Navigation |

A \$50.00 Administrative Fee covers all text Books and Course Materials. Additional family members (with the same surname) are charged \$35.00.

Students who successfully pass the exam administered at the end of the course will receive the State of New Jersey - **Boating Safety Certificate.**

This certificate also satisfies: **New Jersey State Personal Water Craft "PWC" requirements.**

Tear off the remittance below and mail it along with your check.

Payable to : USCG AUX Flotilla - 1610

Remittance - please return this portion with your check.

Date of Course: _____ Amount Enclosed: \$ _____

Mail To: **Jim Bennett 111 Amherst Drive - Bayville, NJ 08721 (732) 606-1227**

e-mail JLBSTRIKE3@HOTMAIL.COM

Please complete the following information for each person enrolled in class.

1.) Name: _____ Phone: _____

Street _____ Course Date: _____

City, State, Zip _____

E-mail Address _____

2.) Name: _____ Phone: _____

Street _____ Course Date: _____

City, State, Zip _____

Note: If you are enrolling more than two (2) students, enter their personal information on the reverse of this remittance.