



“ABOUT BOATING SAFELY”
By
United States Coast Guard Auxiliary
Flotilla 16-12-09CR

**For Boy Scouts (12 years old and older)
and their leaders.**

Activity: Learn how to boat safely. This class meets the certification requirement for persons born on and after January 1, 1982 to operate a boat or jet ski in Ohio, USA, and Canada.

Cost: Materials \$10.00. Instruction is FREE and taught by qualified United States Coast Guard Auxiliary instructors and Ohio Department of Natural Resources, Division of Watercraft.
Adult Leaders & Guests taking the class—\$15.00
Adults—as guests only, NOT taking the class—\$5.00

Benefits: Meets all requirements for Motor Boating Merit Badge except CPR And BSC swimmer test—which could be waived by BSC.

- Certificate from United States Coast Guard Auxiliary
- Certificate from ODNR, Division of Watercraft
- Day Long activity including a tour of an operating U.S. Coast Guard Station (Station Marblehead), lunch, and meeting with Coast Guard personnel and requiring only your participation.

Where: United States Coast Guard Station—Station Marblehead
606 Prairie Street, Marblehead, OH 43440

When: Saturday, May 1, 2010 or Saturday, May 8, 2010
8:00 AM to 6:00 PM

Requirements:

- Registration with names, home addresses, telephone number and payment for materials by March 21, 2010.
- Send to Bruce Hammann, 4061 Fayette Road, New London, OH 44851-9364
- Class limited to 75 registered participants per date.

An agenda will be mailed to each participant upon payment for materials.

For additional information: Bruce Hammann @ 419-929-4154
Email: bahammann@yahoo.com



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REGISTRATION

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME TELEPHONE: (_____) _____ - _____

DATE OF BIRTH: ____/____/____ AGE: _____ YEARS OLD

PREFERRED CLASS DATE:

MAY 1ST _____ MAY 8TH _____ EITHER _____

SCOUT INFORMATION:

SCOUT _____ LEADER _____ GUEST _____

MOTORBOATING MERIT BADGE _____

TROOP # _____ LOCATION: _____

COUNCIL: (Circle)

GREATER CLEVELAND

HEART OF OHIO

ERIE SHORES

BLACK SWAMP

OTHER _____

SIGNATURE: _____

DATE: _____