

# KANSAS DEPARTMENT OF WILDLIFE, PARKS AND TOURISM

## KANSAS BOATER EDUCATION PROGRAM COURSE REGISTRATION FORM



KDWPT Boating Education Instructors must submit this completed form to the Boating Education Coordinator no later than four weeks prior to the start of the course. Submit one form for each course. Send form by fax (620-672-0769) or mail (KDWPT Boating Education, 512 SE 25<sup>th</sup> Ave, Pratt, KS 67124.)

Course ID # Filled in by BEC
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### COURSE LOCATION

County: \_\_\_\_\_ Facility: \_\_\_\_\_ ADA Accessible \_\_\_ Yes \_\_\_ No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### STUDENT REGISTRATION

Is registration required? \_\_\_ Yes \_\_\_ No

To Register, Call: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Course Fee: \_\_\_ Yes \_\_\_ No Amount: \$ \_\_\_\_\_ Email: \_\_\_\_\_

Additional Notes: (lunch break, bring lunch etc.) \_\_\_\_\_

### COURSE INSTRUCTORS

Organizing (Lead) Instructor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Assisting Instructor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_