



7 Park Street Launceston
 Phone: 03 6331 8013
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Office Use

Date of Course:	/	/
Receipt #	Date:	

Motor Boat Licence Course Enrolment Form
<p>Tamar Yacht Club is an Accredited Provider of the MAST BoatSafe Practical Course. Successful completion of this course is mandatory to obtain a Motor Boat Licence in Tasmania. For more information visit the MAST website https://mast.tas.gov.au/licensing/licence-registration/. After successful completion of the course, you will receive a text message from Service Tasmania within 7 days. Once you receive confirmation, you will need to visit Service Tasmania with the required identification to obtain your Motor Boat Licence.</p>

Please provide your full name as it appears on your identification documents. Service Tasmania will need to verify the course candidate details before they can issue a Motor Boat Licence.
PLEASE USE BLOCK LETTERS

Title: Mr/ Mrs/ Miss/ Ms	First Name(s):	
Surname:	Date of Birth:	
Residential Address:		Postcode:
Postal Address:		
Home Phone:	Mobile:	
Email:		
Emergency Contact	Name:	
Phone:	Relationship:	

Payment of the course fee of **\$145** is required in advance to secure your booking in the course.

Credit card payments can be accepted by phone, in person or by providing details below:

Credit Card No: ___ / ___ / ___ / ___ Exp: ___ / ___ CCV: ___

Signature: _____

Alternatively we can accept payments by Direct Deposit. Please use your surname as the reference.

Bank: ANZ: BSB: **017-042**
 Account: **2532 14285**

This waiver covers activities conducted by Tamar Yacht Club. I hereby waive any claims that I may have against the Tamar Yacht Club, it's academy, it's officer's or staff as a result of any action or omissions on their part in connection with any course or activity in which I or my dependents participate at any time at the Tamar Yacht Club. I declare that I will, at the time of enrolment, advise in writing, Tamar Yacht Club of any medical condition that the instructor should be aware of while conducting my/my dependents lesson(s). *(Include any relevant condition such as allergies, asthma, hearing impairments etc.)*

Signature:	Date:
Signature:	Date:
If under 18 Guardians Name:	