



TRES MARTIN'S PERFORMANCE SCHOOL APPLICATION

Preferred Date: _____ Preferred Location: _____

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____ Age: _____

Boat: _____ Length: _____ Cat: _____ Vee: _____

Year: _____ Horsepower: _____

of engines: _____ Drive: _____

Years of Boating Experience: _____

Insurance Company: _____

How did you hear about us? _____

Course selection (please select one): UPC _____ PBC _____

Make checks payable to **Tres Martin's Performance Boat School** or pay with Visa/MasterCard
**I HEREBY AUTHORIZE TRES MARTIN'S PERFORMANCE BOAT SCHOOL TO CHARGE MY CREDIT CARD
THE DEPOSIT AMOUNT OF \$500.00 WHICH I UNDERSTAND IS NON-REFUNDABLE.**

Please note that address above must match that of billed credit card.

Acct# _____ Expiration: _____

Sign: _____ Print: _____

Please initial one:

- _____ I authorize the remaining balance to be charged to the same card no earlier than 14 days prior to my scheduled class.
- _____ I will be paying for the remaining balance by cash, check or money order.

Tres Martin's Performance Boat School – 9440 West Highway 326 Ocala, FL. 34482
Fax: 352-620-2228 Ph: 352-620-8737 www.performanceboatschool.com