

# SDBA Capsule Program Information

(Please Print Legibly)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Boat Information: Class: \_\_\_\_\_ Number: \_\_\_\_\_

Equipment Type: Helmet: \_\_\_\_\_ Designer: \_\_\_\_\_

Self-Testing Information:

**Test #1** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Type: \_\_\_\_\_

Witness Information: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Test #2** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Type: \_\_\_\_\_

Witness Information: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Test #3** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Type: \_\_\_\_\_

Witness Information: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Witness Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_