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## Certified Pool~Spa Operator® Registration Form

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

email address \_\_\_\_\_

Is this Mailing Address your:  Workplace? or  Home?

If this is your Workplace, please provide the name of your Organization or Facility:

Facility: \_\_\_\_\_

Desired Class City and Date (see <http://www.thepoolclass.com/2-day-dates.htm>):

City \_\_\_\_\_ Date(s) \_\_\_\_\_

Enclosed is a check or money order to cover the tuition fee for the Certified Pool~Spa Operator® Class.

Make sure to include an email address. All confirming confirmation and suggested study-aids will be provided by email response.

Mail tuition fee to: Tropical Aquatics Marketing • PO Box 1886 • Dunedin, FL 34698

**Standard CPO® Registration Fee is \$275.00**

I wish to pay by credit or debit card to cover the tuition fee for the Certified Pool~Spa Operator® Class

Credit Card Type:  Master Card? or  Visa? or  American Express?

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Street Number and zip code to which billing is sent (Street number only, not street name)

Street Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_