



PO Box 818  
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www.thepoolclass.com

## 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/class%2Ddates/>):

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 • PO Box 818 • Palm Harbor, FL 34683**  
**Standard CPO® Registration Fee and Fusion Fee is \$290.00**

☐ I wish to attend the Standard 2-Day CPO® class

☐ I wish to register for the Fusion On-Line CPO® class

☐ 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: \_\_\_\_\_