

Official Order Form

for Two National Aquatic Certification Courses in one package.
(Aquatic Wellness Coach and Aquatic Fitness Personal Trainer)

Each one of these is a three (3) year certification.

Application/Order Form

General Information (please print, type, or write legibly)

Name (as you desire it to appear on your certificate): _____ Age: _____

Street address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____) _____ Email: _____

Name of the Aquatic Facility Where You Work or Participate: _____

Facility Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Phone: _____ Facility Website (if any) _____

Course Level Desired (circle one)

Primary Masters Elite

Total Program Fee for the Two National Certifications

Level	Program Fee	✓ Here for the level desired
Primary	\$449.00	
Masters	\$549.00	
Elite	\$649.00	

How To Register: Mail or email this form, call it in, or sign-up online.

Payment Information (please note USWFA's policy – **fees are non-refundable**)

Enclosed is my check or money order in the amount of _____ made payable to the United States Water Fitness Association.

Or: (We accept Credit Card payment via telephone, fax, and/or mail)

Please bill my: Visa Mastercard American Express Discover Total: \$ _____

Account # _____ Expiration Date: _____ Code: _____

Name Shown On Card: _____ Signature: _____

Please send this form to:

United States Water Fitness Association, P. O. Box 243279, Boynton Beach, FL 33424-3279

Phone: (561) 732-9908 • Fax: (561) 732-0950 • Email: info@uswfa.org