

National Certification Course for Aquatic Fitness Personal Trainer

OFFICIAL REGISTRATION FORM

(Please print/type or write so we can read it)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Tel: () _____ Cell Tel: () _____ Work Tel: () _____

E-Mail Address: _____

Indicate your experience teaching water exercise (Check one)

No experience, Less than 50 hours, 50 to 100 hours, More than 100 hours

PROGRAM FEE: Please Indicate Payment v Enclosed: Primary Course: \$257.00 USWFA Members \$237.00

Masters Level : \$297.00 USWFA Members \$277.00

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

Bill My: Visa, MasterCard, American Express, Discover Expiration Date: _____

Account #: _____ V # (last 3 digits on the back of your credit card: _____

Name shown on card: _____ Signature: _____

(Please Print)

THREE WAYS TO REGISTER:

1. Fax this registration form to (561) 732-0950 *
2. Call in your registration to (561) 732-9908*
3. Mail this registration form to:

United States Water Fitness Association
PO Box 243279
Boynton Beach, FL 33424-3279

*USWFA National Headquarters

MAILINGS OUTSIDE OF THE UNITED STATES

There is an additional shipping charge for all mailings

Please Note: There are no refunds for course materials

