

United States Water Fitness Association

A Non-Profit Educational Organization

APPLICATION TO HOST A NATIONAL WATER FITNESS INSTRUCTORS CERTIFICATION COURSE

Facility Information

Facility Name _____
Host/Hostess Name _____ Title _____
Mailing Address _____
City _____ State _____ Zip _____
Actual Street Address _____
City _____ State _____ Zip _____
Facility Phone: _____ Host/Hostess Cell# _____
Facility Fax: _____ E-mail _____

Please list two proposed dates for the course (one six hour day)

First Choice Date _____ Day of Week _____
Second Choice Date _____ Day of Week _____

Pool Information

Length _____ Width _____ Water Temperature _____
Depth - Shallow End _____ Depth - Deep End _____
Description of Pool _____
Do you have a portable stereo at the pool for our use? _____

Meeting Room Information

Room Size _____ Distance from Pool _____
Number of Participants that can fit comfortably _____
Other Information _____

Commitment To Getting As Many Paying Participants As Possible

The host facility needs to be **committed** to getting as many participants as possible to register and attend the National Testing Day.

Promotional Information

How many people do you have ready to register? _____
How do you plan to promote this course and get the maximum number of participants?

Were you referred to our organization by a USWFA Instructor Trainer? **YES NO**

If Yes, Name _____

Would you like them to facilitate your course? **YES NO**

Signature/Approval by Host Organization

Name/Title _____
Signature _____ Date _____
Phone _____

Please fax this form and mail original to:
USWFA Director of Certifications
P.O. Box 243279, Boynton Beach, FL 33424-3279
Fax: 561-732-0950 E-mail: info@uswfa.org