

## 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	\$349.00	
Masters	\$449.00	
Elite	\$549.00	

**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