

HVCA Pool Program/Class Registration Form

GENERAL INFORMATION:

Student _____ Age _____
Parent/Guardian _____
Address _____
Phone # _____ Cell # _____
Email: _____
Homestead Pool Member (circle): Yes No
Signature (parent sign if under 18): _____

REGISTRATION INFORMATION:

Registering for: _____

Session/Dates: _____

Requested Instructor: _____

Total Fee: \$ _____

Fees may be paid by Cash, Check, or Credit Card (VISA/MC/Discover - ID Required in person). Please make check for fees payable to: HVCA
Cancellations must be 7 days in advance of lesson/class time to be eligible for a refund or re-schedule. Eligible patron requested refunds are subject to a 10% Processing Fee.

HVCA Office Use Only

Payment Amount: _____ Check #: _____ Date: _____
Credit Card #: _____ Exp. Date: ___/___
Notes: _____

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