



Galveston County Health District Swimming Pool Operator Course Registration Form

Receipt # _____

Class Date: _____

Please Print

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zipcode)

Home Phone: _____ Work: _____ Cell: _____

Applicant's Signature:

Date:

Business Name: _____

Business Mailing Address: _____
(Street or PO Box)

(City)

(Zip code)

For Office Use Only

Certificate #: _____

Date certificate starts: _____

Date certificate expires: _____

_____ 1 Initial Certificate: (\$20.00)

_____ 2 Copy of Certificate: (\$ 5.00)

_____ Cash:

_____ Money Order #: _____

_____ Check #: _____

Instructor's Signature: _____ Date: _____