



# Blue Wave Pool Services and Supplies

Complete this form and mail it with payment to:  
Blue Wave Pool Service and Supplies, 101 N Plains Industrial Road, Bldg. 1B  
Wallingford, CT 06492,  
fax it to 203-288-7070, or e-mail it to mail@bluwavepoolspa.com.  
Feel free to call us with any questions at 203-248-0429.

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**Class Date:** \_\_\_\_\_

**Fee:** \$135 Registration

.....  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Mobile Phone:(\_\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone:(\_\_\_\_\_) \_\_\_\_\_

Payment Option:       Check       Visa       MasterCard

\*Make checks payable to Blue Wave Pool Service

\*Cash paying registrants MUST register in person to receive a receipt. Do not mail cash.

*If Paying by Visa or MasterCard:*

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Information: Name on Card: \_\_\_\_\_

Same as Business Address       Same as Home Address

Billing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

.....  
\*In the event that you cannot attend, a refund may be requested 14 days before the course; however, there is a \$35 cancellation fee. Within 14 days of the course, or if you fail to attend, no refund will be given.

*For Office Use Only:* Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

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