

Registration Form

Please Direct all Program Inquiries to Carpinteria Community Pool (805) 566-2417

REFUND POLICY

All requests must be made **48 hours** prior to first class and in writing. All requests must include:

- Reason for the Refund
- Program Name
- Session Number or Class Date
- Date and Amount Paid
- Receipt or Canceled Check (no exceptions)

A \$10 processing fee will be deducted from each refund unless program canceled by City.

• WALK-IN REGISTRATION
Carpinteria Community Pool
5305 Carpinteria Avenue
9am - 7 pm.

• REGISTRATION BY MAIL
Send this form and fees to:
**City of Carpinteria
Summer Programs
5775 Carpinteria Avenue
Carpinteria, CA 93013**
Include a check or provide your credit card number.
(Please, no cash by mail.)

For office use only

Payment Method:

- Cash
 Visa Mastercard
 Discover AmEx
 Check #
 Check \$
 Medical Release Received
 Liability Release Received
 Scholarship Pending
 Scholarship Granted

Received by: _____

Program Name	Session	Fee	Participant Name	Age
Total Amount Due:		\$	Date Payment Received:	/ /

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name (If participant is a minor): _____

Signature (Signature of Parent/Guardian if minor): _____

Credit card payments accepted

Method of Payment: Cash Check (Payable to **City of Carpinteria**)

Credit Card Number: _____ CVC: _____

Cardholder Name as it appears on card: _____

Expiration Date: _____

Cardholder Signature: _____

**PLEASE CONTACT ME,
MY CHILD HAS SPECIAL NEEDS**