

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
- Date and Amount Paid
- Receipt or Canceled Check !

A \$10 processing fee will be deducted from each refund.

- **WALK-IN REGISTRATION**
Carpinteria Community Pool
5305 Carpinteria Avenue
During pool hours.
- **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 Visa or MasterCard number.
(Please, no cash by mail.)

For office use only

Payment Method:

Cash

Visa Mastercard

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: _____ Work Phone: _____

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

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

Email Address: _____

PLEASE CONTACT ME, MY CHILD HAS SPECIAL NEEDS

Credit card payments accepted -- Visa and Mastercard only

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

MasterCard VISA Card Number: _____

Cardholder Name as it appears on card: _____

Expiration Date: _____

Cardholder Signature: _____