



Galveston County Health District Swimming Pool Operator Course Registration Form

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Receipt # _____

Class Date: _____

Please Print

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Applicant's Signature: _____

Date: _____

Business Name: _____

Business Mailing Address: _____
(Street or PO Box)

(City)

(Zip code)

For Office Use Only

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