

**Halifax FEHA Certified Pool Operator class
registration:**



Name _____

Address _____

Phone: _____

E-mail _____

**CPO Class May 1-2, 2012, 9:00AM-5:30 PM and
May 3, 2012 9:00 AM- 3:00PM**

**At Volusia County Health Department
1845 Holsonback Drive
Daytona Beach FL 32117
Conference Room 516C
Phone (386)274-0693**

**Return this information with a check or money order made out to
Halifax District FEHA in the amount of \$275 to Eric Maday, BIN 118,
1845 Holsonback Drive, Daytona Beach FL 32117.**