



Blue Grass Airport Regional ARFF Training Center

GROUP TRAINING REGISTRATION FORM

SECTION 1 – DEPARTMENT INFORMATION (Please type or print clearly)			
Department Head/Chief (First Name/Last Name):			
Department/Organization:			
Address (No PO boxes, please):			Suite/Apt. No. (If applicable):
City:		State:	Zip:
Work Phone:	Cell Phone:	Email:	
SECTION 2 – BILLING INFORMATION			
<input type="radio"/> Same as above <input type="radio"/> See below			
Billing Contact (First Name/Last Name):			
Address:			
City:		State:	Zip:
Phone:		Email:	
SECTION 3 – CLASS INFORMATION			
Class Requested:		Date(s) Requested:	
Note: If not selecting from scheduled course dates, contact the Regional ARFF Training Center prior to registering to ensure your date is available. While most requests can be accommodated, the Regional ARFF Training Center reserves the right to cancel a class for insufficient enrollment.			
SECTION 4 – PAYMENT			
Class Fees: Basic Recertification Burn: \$300 Advanced Recertification Burn: \$375 Basic/Advanced Structural Approach to ARFF: Custom Pricing		Upon registration, attendees will be invoiced for the amount due. Payment can be made via cash, credit card or check. By signing below, the attendee agrees to pay in full upon receipt of the invoice.	
Department Head/Chief Signature:			Date:



SECTION 5 – ATTENDEE INFORMATION

First	Last	Initial and Date <i>(to be completed day of training)</i>
First	Last	Initial and Date <i>(to be completed day of training)</i>
First	Last	Initial and Date <i>(to be completed day of training)</i>
First	Last	Initial and Date <i>(to be completed day of training)</i>
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