



# BLUE GRASS AIRPORT REGIONAL ARFF TRAINING CENTER

## Group Training Registration Form

<b>SECTION 1 – DEPARTMENT INFORMATION</b> (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:	Email:
Work Phone:		Cell Phone:	
<b>SECTION 2 – BILLING INFORMATION</b>			
<input type="checkbox"/> Same as above <input type="checkbox"/> See below			
Billing Contact:			
		First Name	Last Name
Address:			
City:	State:	Zip:	Email:
Phone:			
<b>SECTION 3 – CLASS INFORMATION</b>			
Class Requested:		Date(s) Requested:	
<b>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.</b>			
<b>SECTION 4 – PAYMENT</b>			
<b>Class Fees:</b> Basic Recertification Burn: \$300 Advanced Recertification Burn: \$375 Basic/Advanced Structural Approach to ARFF: Custom Pricing		<b>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.</b>	
Department Head/Chief Signature:			Date:
<b>SECTION 5 – ATTENDEE INFORMATION</b>			
First	Last	Initial and Date (to be completed day of training)	
First	Last	Initial and Date (to be completed day of training)	
First	Last	Initial and Date (to be completed day of training)	
Continued on back			

