

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 Nam	e):						
Department/Organization:							
Address (No PO boxes, please):						Suite/Apt. No. (If applicable):	
City: St					State: Zip:		
Work Phone:	Cell Phone:	Email:					
SECTION 2 — BILLING INFORMATION							
○ Same as above ○ See below							
Billing Contact (First Name/Last Name):							
Address:							
City:				State:		Zip:	
Phone: Email:							
SECTION 3 — CLASS INFORMATIO	N						
Class Requested:			Date(s) Requested:				
Note: If not selecting from scheduled course d quests can be accommodated, the Regional A						date is available. While most re-	
SECTION 4 — PAYMENT							
Class Fees: Basic Recertification Burn: \$325 Advanced Recertification Burn: \$400 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 (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)			
First	Last	Initial and Date (to be completed day of training)			
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