

## Enrollment Form FALLING SUPERVISOR TRAINING

Course Location		Course Date					
Participant Information	n (complete	fully and print cle	arly)				
Legal First Name		Legal Middle Name	Legal	Legal Last Name			
Nickname (if applicable)		Former Name (e.g. maiden name)		Birthda	Birthdate (mm/dd/year)		
					_/	_/	
Mailing Address (Street; PO Box)		City/Town		I		Province, Postal Code	
Phone Number	ell Phone	Email Address					
Do you hold a valid OFA Level 3 First Aid ticket? ☐ Yes ☐ No If Yes, indicate expiry date:							
(✓ check box to indicate)							
Food Allergies / Dietary Restric	ctions?						
<b>Company Information</b>							
☐ Employer's Company Name OR ☐ Your Own Company N			Name	me WorkSafeBC Account Number			
Work Activity (falling & bucking; full-phase logging; silviculture; other – please indicate)							
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Payment Information (payment must accompany this enrollment)							
Course Fee: \$1,785.00	(\$1,700.00 +	- \$85.00 GST)					
Payment					□ VISA	☐ MasterCard	
Name on Card			Expiry Date (MN	M, YY)			
Credit Card Number							
Cardholder's Signature							

Your company, personal and financial information is only used for purposes of course enrollment and program management. Confidential information will not be disclosed to third parties. Your information is valuable and we ensure all reasonable measures are taken to protect it.

## Send completed form to BC Forest Safety by:

- 1. Email: training@bcforestsafe.org
- 2. Fax: 250-741-1068
- 3. Mail: Unit 8C 2220 Bowen Road, Nanaimo, BC V9S 1H9

Questions? Call us toll-free: 1-877-741-1060

## IMPORTANT NOTES:

- A) If minimum enrollment is not met two weeks prior to a course start date, we reserve the right to cancel the session and reimburse paid registrants.
- B) Please notify us as soon as possible if you need to withdraw or reschedule your enrollment.
- C) Refunds or credits will not be issued for 'No Shows.' The only exception to this is for unplanned emergencies/illness.