



Please **TYPE IN THE FILLABLE BOXES, PRINT, SCAN & EMAIL** to Brian@team1academy.com or **FAX** to 905-827-0049. Once received we will send you a confirmation email.

Open Enrolment Booking Form

CLIENT INFORMATION

NAME OF ATTENDEE(S) _____

COMPANY _____

ADDRESS _____

PROVINCE _____ POSTAL CODE _____

PHONE _____ Ext. _____ MOBILE (if applicable) _____

Email _____

Please check the applicable courses you wish to sign up for ...

The below pricing is per person. Training will be held our Oakville location - 760 Pacific Rd., unit 19, Oakville.

- \$295.00 8 hour Confined Space Entry Training – 8:30am-4:30pm DATE(S) _____
- \$295.00 8 hour Confined Space RESCUE Training – 8:30am-4:30pm DATE(S) _____
- \$1275.00 40 hour Confined Space Technician Training (NFPA)
8:30am-6:30pm each day (4 x 10 hour days) DATE(S) _____
- \$150.00 4 hour Fall Arrest/Rescue from Heights Training
8:30am-12:30pm DATE(S) _____
- \$150.00 16 hour First Aid/CPR/AED Training (Red Cross)
8:30am-4:30pm each day DATE(S) _____
- \$925.00 40 hour HAZMAT Technician Training (NFPA 472)
8:30am-6:30pm each day (4 x 10 hour days) DATE(S) _____
- \$795.00 24 hour Rope Rescue Training - Awareness & Operations
NFPA – 8:30am-4:30pm each day DATE(S) _____
- \$195.00 4 hour Spill Response Training – 12:30pm-4:30pm DATE(S) _____
- \$1275.00 40 hour SPRAT (Society of Professional Rope Access Technicians)
Rope Access Training – 8:30am-4:30pm each day DATE(S) _____
- \$150.00 4 hour TDG (Transportation of Dangerous Goods) Training
8:30am-12:30pm DATE(S) _____

HST applicable

If you are looking to have group training (5 or more) please contact your TEAM-1 Academy Inc. representative for a customized quote. Group training can be done at your site(s) or our Oakville Training Academy.



Open Enrolment Booking Form

PAYMENT INFORMATION:

VISA MASTERCARD AMEX CHEQUE OR MONEY ORDER

Card Number _____

Exp. Date _____ Name as shown on the card _____

**If paying by cheque please send in advance to ...
TEAM-1 Academy Inc. - 760 Pacific Road, unit 19, Oakville, Ontario L6L 6M5**

Who is the Billing contact? *Only complete if different from the Client information above.*

Name _____
Phone # & Ext. _____
Email Address _____

What is the Billing Address? *Only complete if different from the Client information above.*

Company Name _____
Street No. + Name _____
City _____ Province _____ Postal Code _____
Email Address _____

What is the Certificate mailing address? *Only complete if different from the Billing address.*

Street No. + Name _____
City _____ Province _____ Postal Code _____

I have reviewed the booking and cancellation policy, as posted on the website

Please register the TEAM-1 Academy Inc. Courses indicated above

Check above boxes

Authorizing Signature _____ Date _____

Typing your name above constitutes your signature

Please EMAIL this form to Brian@team1academy.com or **FAX** 905-827-0049.

Once received we will send you a confirmation email.

**Courses are at TEAM-1 Academy Inc. Oakville - 760 Pacific Road, unit 19.
We suggest you bring hard hat, safety boots and safety glasses to all courses, except TDG.**