Registration Form
for Safety and Legal Awareness Courses

INSTRUCTIONS

1. Complete the Application Form.
2. Choose the Course(s) you wish to attend.
3. Fill in the Payment Information
4. Scan form and return, with payment, BEFORE September 28th , 2018.

APPLICANT INFORMATION

Family Name	Given Name	Date of Birth (mm/dd/yyyy)
Address		
City	Province	Postal Code
Telephone	Email	
Organization (if related to pyrotechnics)		
Signature of Applicant		

COURSE INFORMATION

Special Effect Pyrotechnics Safety & Legal Awareness Course –Saturday October 13th , 2018. 10AM - 4PM
This course is a prerequisite to obtaining the Fireworks Operator Certificate – Pyrotechnician

Display Fireworks Safety & Legal Awareness Course – Sunday, October 14th , 2018. 10AM - 3PM
This course is a prerequisite to obtaining the Fireworks Operator Certificate – Display Assistant

Both courses will be held at: AirMagic World Headquarters; 30 Dorchester Ave. Toronto (ON) M8Z 4W3

Once you have successfully completed the course(s) you must apply to the Explosives Regulatory Division to obtain a Fireworks Operator Certificate. A current photo and a payment of $100.00 must accompany the application.

REGISTRATION INFORMATION

Please note: The completed registration form with payment is required to attend a safety and legal awareness course.
Please return the completed registration form and direct your questions to:

AirMagic Special Effects Tel. 416-703-0425 Fax. 416-703-0424 **training@airmagicfx.com**

PAYMENT INFORMATION

☐ **Pyrotechnics Safety & Legal Awareness Course** **$175.00 + HST =** **$197.75**
Saturday,October 13th , 2018. 10 AM – 4 PM Includes: Coffee & Lunch

☐ **Display Fireworks Safety & Legal Awareness Course** **$175.00 + HST =** **$197.75**
Sunday, October 14th , 2018. 10 AM – 3 PM Includes: Coffee & Lunch

☐ I am sending a **Certified Cheque** or **Money Order**; payable to AIRMAGIC SPECIAL EFFECTS Total: $_____

☐ I authorize the use of the following **Credit Card** to pay for the selected course(s). Total: $_____

CARDHOLDER INFORMATION (if different from applicant)

Name		
Billing Address		
City	Province	Postal Code
Choose one type of credit card: ☐ VISA ☐ MasterCard		
Card Number	Expiration Date (mm/yy)	Security Code
Name	Date (mm/dd/yyyy)	
Signature		