



Registration Form

Western Facility Operator Master Certificate

Participant Information

Name _____

Address _____

City/Town _____ Province _____ Postal Code _____

Email _____

Telephone _____ (h) _____ (w)

Certifications Received

Facility Operator General Designation

- First Aid/CPR B
- WHMIS
- Custodial Maintenance

Facility Operator Arena Designation

- Arena Operator Level 1
- Arena Operator Level 2

Facility Operator Parks Designation

- Parks Level 1
- Parks Level 2

Facility Operator Supervisor Designation

- Supervisors Skills
- Life Cycle/Risk Management

Facility Operator Pool Designation

- Pool Operator Level I
- Pool Operator Level II

Note: Provide RFP with copies of certifications already received. Once a designation is completed the office will send the participant the designation seal.

Cost: \$50.00 Administration Fee

Method of Payment

- Cheque enclosed (Please make all cheques payable to: Recreation Facility Personnel)
- Please invoice
- Visa # _____ Exp. _____ / _____
- MasterCard # _____ Exp. _____ / _____

Note: A \$2.50 fee will be charged to all credit card transactions

Please return this form via Fax to (403) 851-9181 or mail to:
Recreation Facility Personnel
Box 100
Cochrane, Alberta
T4C 1A4

For more information, contact the AARFP Office by phone at 1-888-253-7544, or by email at: office@aarfp.com