



CERTIFICATION REGISTRATION FORM

843 West 2400 South, Salt Lake City, UT 84119 800.628.9737 Fax 801.975.1159

CONTACT INFORMATION:

Contact Name and Title:

Home Address

City, State, Zip

School Name:

PHONE & EMAIL

Phone, Ext.

Cell

Fax

Personal Email

Sports Coached

PAYMENT INFORMATION

Credit Card Number & Expiration

Name on Card / School Name for a PO

PO # (Must have hard copy attached to form)

Check # (Must be attached to form)

CLINIC LOCATION & DATE:

Location

Date

Presenter

SURVEY:

LET US KNOW HOW YOU LEARNED ABOUT BFS WEIGHT ROOM SAFETY CERTIFICATIONS

WWW.BIGGERFASTERSTRONGER.COM

BFS EMAIL

BFS MAGAZINE

BFS PRINT CATALOG

COLLEAGUE

POST CARD MAILING

PRINCIPAL

SUPERINTENDANT

FACEBOOK

TWITTER

INSTAGRAM

OTHER

IS WEIGHT ROOM CERTIFICATION REQUIRED AT YOUR SCHOOL OR FACILITY? YES NO

OFFICE USE ONLY:

PRE PAID CC, CHECK, PO, ORDER #

WALK UP COMPLETE CC, CHECK, PO

Must have Check or PO hard copy attached to form

WALK UP SHIP TO COMPLETE CC, CHECK, PO

Must have Check or PO hard copy attached to form

NOTES:

