



Eagle West Crane Academy | 2190 Carpenter Street | Abbotsford, BC | V2T 6B3 |
 Toll Free 1-800-667-2215 | Fax: 604-852-2187 | www.eaglewestcranes.com

CRANE ACADEMY APPLICATION FORM

CONTACT INFORMATION

PERSONAL CONTACT INFORMATION		EMERGENCY CONTACT INFORMATION	
First Name:		Name:	
Middle Name:		Relationship:	
Last Name:		Home Phone:	
Address:		Cell Phone:	
City:		EMPLOYER CONTACT INFORMATION	
Province:		Company:	
Postal Code:		Contact:	
Home Phone:		Contact's:	
Cell Phone:		Address:	
Fax:		City:	
Email:		Province:	
		Postal Code:	
		Phone:	
		Fax:	

COURSES TO TAKE

COURSE #	DATE YOU WANT TO ATTEND	FEE
TOTAL		

PAYMENT INFORMATION (Please select either Cheque, Master Card, Visa, or Business Account (Page 2))

Cheque Enclosed

- Please make cheques payable to Eagle West Cranes
- For all cheques that are not honored there is a \$25 service charge
- Business and personal cheques are accepted

Visa Master Card

Card Number:	- - -
Expiry Date (mm/yy):	
CVV # (3 digit number on back of card):	
Name on Card:	
Signature:	
BILLING ADDRESS <small>(If same as home address do not fill in)</small>	
Name:	
Address:	
City:	
Province:	
Postal Code:	



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Business Account – Account #: _____

- This is only for people employed by businesses that already have an account with Eagle West Cranes, and are paying for your courses with the account.
- If the employer contact information is different from page one, please fill in the form below.

EMPLOYER CONTACT INFORMATION	
Company Name:	
Contact Name:	
Email:	
Address:	
City:	
Province:	
Postal Code:	
Phone:	
Fax:	

CANCELLATION / RESCHEDULING FEES

	2-5 days before course starts	48 hours or less before course starts
Cancellation Fees	50% of fee	100% of fee
Rescheduling Fees	40% of fee	90% of fee

COURSE CANCELLATIONS

Eagle West reserves the right to cancel any course if enrollment is too low. If a course is cancelled, everyone will be notified by phone or email and receive a full refund.

INDIVIDUAL AGREEMENT

By signing you are consenting to have the results of your schooling shared with WorkSafeBC and its designates and Your Employer. Please review our refund policy carefully and by your signature you are agreeing to it.

SIGNATURE: _____

DATE: _____

Please mail this form (and cheque if paying by cheque) to Eagle West Cranes, PO Box 2304, Abbotsford, British Columbia, Canada, V2T 6B3. For payment by credit card, applications can be faxed to 604-852-2187 or emailed to academy@eaglewestcranes.com. For all queries, please contact our main office toll free at 1-800-667-2215.