



**Boulder County Public Health  
Environmental Health Division**  
3450 Broadway  
Boulder, Colorado 80304  
303-441 1150

## S.T.A.R. CLASS REQUEST FORM

---

### Section I.

Request taken by: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Non Profit: \_\_\_\_\_ Yes \_\_\_\_\_ No      Number of Participants: \_\_\_\_\_

Address when class will be held: \_\_\_\_\_

Best times/days for star class: \_\_\_\_\_

Special Topic/Interest Request: \_\_\_\_\_

---

### Section II

Number of participants attended: \_\_\_\_\_ X \$15.00 per person = \$ \_\_\_\_\_

Date of Class \_\_\_\_\_

Date of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

FA# \_\_\_\_\_ IN# \_\_\_\_\_

If payment is not collected, please mark to indicate client needs to be invoiced:

Instructor=s Name: \_\_\_\_\_

