STATE FIRE COURSES PRE-REGISTRATION

COURSE NAME: _____

LOCATION: _____

START DATE: _____

FIRE DEPARTMENT: _____

PRINT STUDENT'S NAME: _____

1)_____

2)_____

3)_____

4)_____

5)_____

6)_____

7)_____

8)_____

9)_____

10)_____

_____
Department Chief or Training Officer

_____
Contact Telephone Number

Firefighter I course: New Members to have first selection

Host Company will have first selection

If you sign up and do not take the course you will not be able to sign up for any other course during the current training year. (April-March)

MUST BE FAXED (518-270-4164) THREE WEEKS BEFORE START DATE. Also E-mail to marehal@fairpoint.net