

**SOWEGA FIRE CHIEFS' ASSOCIATION
STUDENT REGISTRATION FORM**

DATE: _____ **CLASS NAME:** _____

CLASS DATE: _____

FIRE DEPARTMENT REPRESENTING: _____

ADDRESS: _____

PHONE NUMBER: _____ **E-mail:** _____

FIRE CHIEF/ TRAINING OFFICER SIGNATURE: _____

PLEASE PRINT!

(Register Students In Order of Priority)

Student Name: _____ **DOB:** _____

Student Name: _____ **DOB:** _____

Student Name: _____ **DOB:** _____

Student Name: _____ **DOB:** _____

Two students from each department will be accepted per class. If class maximum is not reached by registration deadline, departments will be called in order their registration was received and given the opportunity to add a student.

Students from departments not participating in the SOWEGA Fire Chiefs Training Group will be allowed to attend for a \$50 fee if space is available. Fee is payable on first day of class. Make checks payable to: SOWEGA Fire Chiefs' Training Group.

Email to: Ben Amiot at: amiot727@yahoo.com