

**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 NON-PARTICIPATING DEPARTMENTS will be allowed to attend for a \$50 fee, payable on day of class. Make checks payable to: SOWEGA Chiefs' Training Fund.

WALK – ON'S WILL BE ACCEPTED ON A SPACE AVAILABLE BASIS

Email To amiot727@yahoo.com or fax to 229-253-0491.

Please bring a copy of the FAX with you to class!