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: __________________________

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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.


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