

CENTRAL MAINE FIRE ATTACK SCHOOL INC
PO BOX 143
WATERVILLE ME 04903-0143

REGISTRATION FORM

Mail to: PO Box 143
Waterville ME 04903-0143
or fax to: (207)238-9229

Type or Print Legibly -- This Information is Used to Produce Certificate

STUDENT NAME:		EMAIL ADDRESS:	
HOME MAILING ADDRESS:		HOME PHONE:	
DEPARTMENT:		DEPT PHONE:	
DEPT BILLING ADDRESS:		METHOD OF PAYMENT: Check # or Purchase Order # _____	
Two-Day Courses \$150 Includes Lunch Both Days (#10 ISO is \$40) October 14 & 15, 2017	Course Number 1 st Choice	Course Number 2 nd Choice	Course Number 3 rd Choice
I authorize this firefighter to attend these courses, certify that I am familiar with this firefighter and with the physical demands of the courses for which I have approved him/her. I further certify that this firefighter is capable of the demands of the course for which I have approved this application, and that he/she is at least 18 years of age.			
CHIEF OR AUTHORIZING SIGNATURE:			

TRAINING LOCATION: WINSLOW HIGH SCHOOL

The September 22nd registration deadline is important in allowing the School to offer as many choices as possible.