

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

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

<b>REGISTRATION FORM</b>			
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 # _____	
<b>Two-Day Courses \$175</b> <b>Includes Lunch Both Days</b> (#9 ISO is \$50) <b>October 13 &amp; 14, 2018</b>	Course Number 1 <sup>st</sup> Choice	Course Number 2 <sup>nd</sup> Choice	Course Number 3 <sup>rd</sup> 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 21<sup>st</sup> registration deadline is important in allowing the School to offer as many choices as possible.