

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

REGISTRATION FORM

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

Mail to: PO Box 143
Waterville ME 04903-0143

or email to: CMFAS2019@gmail.com

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 \$125
Includes Lunch Both Days
Please circle which weekend

EVOC Class
May 21st & 22nd
@ ME Dept of Public Safety
45 Commerce Dr. Augusta

BPOC Class
June 11 & 12th
@ Oakland Fire Department

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: