

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 \$150**  
**Includes Lunch Both Days**  
**September 24 & 25, 2022**

Course Number  
1st Choice

Course Number  
2nd Choice

Course Number  
3rd 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: