

Chichester Firefighter's Association

22 Main Street Chichester, NH 03258
603-798-5954 Fax 603-798-5909
Lt. Kris Cole 603-731-8105
kcole@chichesternh.org

PROGRAM REGISTRATION

Personal Information

Name: _____

Home Address: _____

Town: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Department

Department/Agency: _____ Rank/Position: _____

Agency Address: _____ Agency Telephone: _____

Town: _____ State: _____ Zip Code: _____

Is your department interested in bringing a tanker to the class on Saturday or Sunday?

Saturday: ___ Sunday: ___

Program Information

Program Requested: **Rural Water Supply Operations "Big Water"** Date: **5/2/2015-5/3/2015**

Cost: \$100 per person

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations Chichester Firefighter's Association. Falsification of information may result in a denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in written form from said chief or designee.

Signature of Applicant: _____ Date: _____

I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.

Signature of Agency Representative: _____ Date _____

Payment Method:

___ Personal Check

___ Agency Payment Invoice**

**Signature Required (See below)

The _____ agrees to pay all fees for attendance of the listed applicant upon billing by Chichester Firefighter's Association.

Signature: _____ Date: _____