



EAGLE FIRE TRAINING

P.O. BOX 1056, CHICO, CA. 95927

530-324-7481

eaglefiretraining@yahoo.com

www.eaglefiretraining.com

REGISTRATION FORM

NAME: _____

ADDRESS: _____

BILLING ADDRESS: _____

DEPARTMENT: _____

BILLING DEPT. ADDRESS: _____

DEPT. PHONE NUMBER: _____

EMAIL: _____

CONTACT PHONE NUMBER (IF DIFFERENT FROM ABOVE) _____

PLEASE BILL MY DEPARTMENT: YES NO

(If your Department is paying for the class, please indicate on the form and provide billing information and contact person.)

PLEASE INDICATE CLASS (ES) YOU ARE SIGNING UP FOR:

- | | |
|--|---|
| <input type="checkbox"/> COMMAND 1A | <input type="checkbox"/> INVESTIGATION 1A |
| <input type="checkbox"/> COMMAND 1B | <input type="checkbox"/> INVESTIGATION 1B |
| <input type="checkbox"/> DRIVER/OP 1A | <input type="checkbox"/> MANAGEMENT 1 |
| <input type="checkbox"/> DRIVER/OP 1B | <input type="checkbox"/> PREVENTION 2A |
| <input type="checkbox"/> EMT | <input type="checkbox"/> PREVENTION 3A |
| <input type="checkbox"/> INSTRUCTOR 1A | <input type="checkbox"/> PUB ED 1 |
| <input type="checkbox"/> INSTRUCTOR 1B | <input type="checkbox"/> S-190 |
| <input type="checkbox"/> INSTRUCTOR 1C | <input type="checkbox"/> S-290 |

ADVANCE REGISTRATION IS REQUIRED NO LATER THAN 45 DAYS PRIOR TO START OF CLASS.

MAIL CHECK, MONEY ORDER, OR CREDIT/DEBIT CARD INFORMATION TO:

VL MANDY-HEATH, P.O. BOX 1056, CHICO, CA. 95927.

CANCELLATION POLICY: 20 DAYS OR MORE PRIOR TO CLASS 50% REFUND, 19 DAYS OR LESS NON-REFUNDABLE.