

**SOWEGA FIRE CHIEFS' ASSOCIATION  
STUDENT REGISTRATION FORM**

**DATE:** \_\_\_\_\_ **CLASS NAME:** \_\_\_\_\_

**CLASS DATE:** \_\_\_\_\_

**FIRE DEPARTMENT REPRESENTING:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**FIRE CHIEF/ TRAINING OFFICER SIGNATURE:** \_\_\_\_\_

**PLEASE PRINT!**

**(Register Students In Order of Priority)**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Two students from each department will be accepted per class. If class maximum is not reached by registration deadline, departments will be called in order their registration was received and given the opportunity to add a student.**

**Students from NON-PARTICIPATING DEPARTMENTS will be allowed to attend for a \$50 fee, payable on day of class. Make checks payable to: SOWEGA Chiefs' Training Fund.**

**\*WALK – ON’S WILL BE ACCEPTED ON A SPACE AVAILABLE BASIS\***

**Email TO: [owen107.1903@gmail.com](mailto:owen107.1903@gmail.com) or FAX TO: 229-524-2257 Please bring a copy of the FAX with you to class!**