



2024 Regional Fire School – Maple Creek February 16, 17 & 18 2024

Registration Form

Department Name: _____ Zone: _____

Contact Person or Chief: _____

Mailing Address: _____

Telephone: _____
Residence
Business/Cell
Fax

Email Address: _____

Name of Participant <small>Please print clearly. These names will appear on certificates.</small>	Course to Attend
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

If more students are attending then space provided, please include additional sheet. Please email the completed form to the executive directors at executivedirector@svffa.ca. If you are needing to pay by credit card or e-transfer please let the executive director know and an invoice will be sent out.

Program Fees		Total
Registration Fees:	@\$175 (Members)	\$
Total Fees (Payable <i>in Advance</i> to SVFFA):		\$