



2024 Regional Fire School – Spiritwood March 2 & 3 2024

Registration Form

Department Name: _____ Zone: _____

Contact Person or Chief: _____

Mailing Address: _____

Telephone: _____
Residence Business/Cell Fax

Email Address: _____

| Name of Participant <i>Please print clearly. These names will appear on certificates.</i> | 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 director 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: | @ \$200 (Members) | \$ |
| Total Fees (Payable in Advance to SVFFA): | | \$ |