

# GREEN RIVER FIREFIGHTERS ASSOCIATION

## 2012 OFFICERS SCHOOL REGISTRATION

(DUPLICATE THIS FORM AS NEEDED) (PLEASE COMPLETE ALL BLANKS)

.Keep a copy of this form to serve as your invoice.

**(PRINT CLEARLY)**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

RANK/TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FIREFIGHTER ID # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DAY PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**DEADLINE FOR PREREGISTRATION IS FEBRUARY 17<sup>th</sup>**

### REGISTRATION FEES

**BEFORE FEB 17<sup>th</sup> \$50.00**

**AFTER FEB 17<sup>th</sup> \$60.00**

WHICH DAYS ARE YOU ATTENDING ?

\_\_\_FRIDAY \_\_\_SATURDAY \_\_\_SUNDAY

CLASS SELECTION:

CLASS NUMBER      CLASS NAME

1<sup>ST</sup> CHOICE \_\_\_\_\_

2<sup>ND</sup> CHOICE \_\_\_\_\_

3<sup>RD</sup> CHOICE \_\_\_\_\_

4<sup>TH</sup> CHOICE \_\_\_\_\_

PLEASE INDICATE A 2<sup>ND</sup>, 3<sup>RD</sup>, & 4<sup>TH</sup> CHOICE

**Visit our website at [www.sfrtarea3.org](http://www.sfrtarea3.org)  
for registration or credit card payment options**

or

MAIL or FAX COMPLETED REGISTRATION FORMS TO:

GREEN RIVER FIREFIGHTERS ASSOCIATION

P.O. BOX 700

CALHOUN, KENTUCKY 42327

FAX                      270-273-5630

Payment must accompany all registrations. Make checks payable to Green River Firefighters Association. Purchase Orders will be accepted with payment following immediately. Faxes will be accepted at 270-273-5630 with payment following immediately. No registrations by phone. No refunds after February 17<sup>th</sup>.

**Confirmation of classes will be sent AFTER payment is received.**