

Cumberland County Fire / Rescue School
Pre-Registration Form for EMS Classes
(Please Print Clearly)

Last Name: _____
 First Name: _____ Middle: _____
 Home Address: _____
 City/Town: _____ State: _____ Zip: _____
 E.M.S. License #: _____
 Fire / Rescue Department: _____
 Home Phone: (____) _____ Work: (____) _____
 Email Address: _____

PLEASE RETURN FORM NO LATER THAN APRIL 16, 2010

RETURN TO:

Cumberland County Fire / Rescue School
 Gorham Fire Department
 PO Box 327
 Gorham, ME 04038-0327
 Email Address: CCFAS@maine.rr.com

Course Number	Course Name	Fee for Class
3.58	EMT-B Refresher	\$125.00

Cost \$30.00 per Class

Sat Morning	Sat. Afternoon	Sun. Morning	Sun. Afternoon
1st Choice _____	1st Choice _____	1st Choice _____	1st Choice _____
2nd Choice _____	2nd Choice _____	2nd Choice _____	2nd Choice _____
3rd Choice _____	3rd Choice _____	3rd Choice _____	3rd Choice _____
4th Choice _____	4th Choice _____	4th Choice _____	4th Choice _____

If you are interested in Child Care Service, Please fill out the section below:

Child's Name: _____ **Age:** _____ **Male / Female**

I hereby consent for the listed (name) person to participate in the above listed course. This person is covered by our department insurance, is physically fit, has been fit tested and is able to participate in the course.

 Chief or Authorizing Signature and Title

Date Received: _____ BY Whom _____

Personal Check #: _____ City/Town CK#: _____ P.O. #: _____

We accept: __ VISA __ M/C __ Discover Card # _____ Exp. Date _____

Signature: _____