COURSE REGISTRATION

Combined Basic & Advanced Fire Fighting

DATE: Choose an item.

Preferred Name Click here to enter text.

Full Name: Click here to enter text.

 (as it appears on your MMC)

MMC# Click here to enter text.

Email Address: Click here to enter text.

Mailing Address: Click here to enter text.

City: Click here to enter text.

State: Choose an item.

Zip: Click here to enter text.

Phone Number: Click here to enter text.

 xxx-xxx-xxxx

[ ]  I certify that I am 18 years of age and am adequately conversant in the English language to complete the requirements as outlined in 46 CFR 201(b).

[ ]  I certify that I am in adequate health to attend this class.

I certify the above information to be true. I understand there will be no refund if cancelation received less than one week before class begins.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail this completed registration form along with payment of $700 per student to reserve class.

Make check or money order, payable in US funds, and send to:

Northwest Regional Fire Training Center

3737 Nimrod Rd.

Traverse City, MI. 49685

Attn: CBAFF Registration.