Student's Name: ___________________________ O-Number: _______________
(for office use)
Organization: ______________________________
Mailing Address (complete address):
________________________________________________________________________
________________________________________________________________________
Billing Address (if different from mailing address):
________________________________________________________________________
________________________________________________________________________
Daytime Phone: ____________________________ Other Phone: _______________________
Fax Number: ____________________________ E-Mail: ________________________________
(REQUIRED - if you do not provide one or do not have one, you will not be able to receive confirmations or notifications)
Please provide an emergency contact name (full name), relationship, & contact number (other than your supervisor):
________________________________________________________________________

Please enroll me in the following courses:
(pre-requisites MUST be met and overlapping courses ARE NOT permitted)
Class: ____________________________ Date: ________________
Class: ____________________________ Date: ________________
Class: ____________________________ Date: ________________
Class: ____________________________ Date: ________________
*Consult supervisor for agency-specific prerequisites*

**Federal Employees Only... Please provide your IQCS ID # ____________________________**

Do you need barrack accommodations? Circle one: YES or NO      If yes, MALE or FEMALE
(For barrack stay, please bring a blanket/sheet or sleeping bag and pillow, and necessary toiletries.)
Do you have any allergies or other medical needs? ________________________________
Do you have any food restrictions (i.e. vegetarian, food allergies, etc.)? ____________________
PREVIOUS TRAINING
We reserve the right to deny enrollment into a class based on prerequisites given

Please list class training completed and dates pertinent to desired courses:

Please list past qualifications pertinent to desired courses (FFT1, CRWB, etc.) or provide a copy of Red Card:

Student’s Name: ______________________________ Title: ______________________ Telephone: ______________________
Student’s Signature: ________________________________________________________________

Supervisor’s Name: ______________________ Title: ______________________ Telephone: ______________________
Supervisor’s Signature: ________________________________________________________________
STUDENT COST:
$55 per day if registering **ON or BEFORE** September 30, 2014
$60 per day if registering **STARTING** October 1, 2014
Make checks payable to:
Texas A&M Forest Service

___ Day(s) @ $55 per day $_______
___ Day(s) @ $60 per day (starting Oct. 1) $_______

Payment Enclosed? YES or NO
FEDERAL ID #: 74-6014065

<table>
<thead>
<tr>
<th>IMPORTANT--IMPORTANT--IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PAYMENT MUST BE MADE PRIOR TO ATTENDING ACADEMY COURSES.</td>
</tr>
<tr>
<td>2. CANCELLATIONS MADE ON OR BEFORE SEPTEMBER 30th WILL RECEIVE A FULL REFUND.</td>
</tr>
<tr>
<td>3. CANCELLATIONS MADE STARTING OCTOBER 1st WILL INCUR A FEE OF $55 FOR EACH CLASS CANCELLED.</td>
</tr>
<tr>
<td>4. NO REFUNDS WILL BE GIVEN FOR “NO SHOWS”.</td>
</tr>
</tbody>
</table>

Substitutions may be made.

**Method of Payment**
Payment must be received PRIOR to attending academy courses.

<table>
<thead>
<tr>
<th>Credit Card</th>
<th>PO*</th>
<th>Gov’t Check</th>
<th>Personal Check</th>
<th>Money Order</th>
<th>HB2604 Grant**</th>
</tr>
</thead>
</table>

Credit Card Number: ____________________________ Exp Date: _______/_____ (mm/yy)
Cardholder Name: ________________________________
Cardholder address: ________________________________
(full mailing address required for verification purposes)
Cardholder’s Signature: __________________________

* If using Purchase Order, please provide PO #: __________________________

** If applying for a HB2604 grant, your application **MUST** be submitted before the first day of the Academy (October 24, 2014).

We reserve the right to cancel any class or classes that do not meet the minimum number of registrations. Students enrolled in these classes will be notified and given the opportunity to register for alternative classes.

Mail or fax completed form to:
Texas A&M Forest Service
Attn: Academy Coordinator
200 Technology Way, Suite 1162
College Station, TX 77845-3424
Fax: 979-458-7117
Tel: 979-458-7330