

**Capital Area Interagency Wildfire & Incident Management Academy**

**October 24<sup>th</sup> - November 6<sup>th</sup>, 2014**

**Camp Swift National Guard Training Facility, Bastrop, TX**

**Registration Form**

You may print this form to mail / fax, email scanned copy, or use the  
On-Line Registration at <http://ticc.tamu.edu/training/training.htm>.

**\*\*PLEASE FILL OUT FORM COMPLETELY\*\***

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.)? \_\_\_\_\_

Student Name: \_\_\_\_\_

O Number: \_\_\_\_\_  
(for office use)

**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 Name: \_\_\_\_\_

O Number: \_\_\_\_\_  
(for office use)

### PAYMENT INFORMATION

#### 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

#### **IMPORTANT~IMPORTANT~IMPORTANT**

1. **PAYMENT MUST BE MADE PRIOR TO ATTENDING ACADEMY COURSES.**
2. **CANCELLATIONS MADE ON OR BEFORE SEPTEMBER 30th WILL RECEIVE A FULL REFUND.**
3. **CANCELLATIONS MADE STARTING OCTOBER 1st WILL INCUR A FEE OF \$55 FOR EACH CLASS CANCELLED.**
4. **NO REFUNDS WILL BE GIVEN FOR "NO SHOWS".**

Substitutions may be made.

#### **Method of Payment**

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

Credit Card \_\_\_\_ PO\* \_\_\_\_ Gov't Check \_\_\_\_ Personal Check \_\_\_\_ Money Order \_\_\_\_ HB2604 Grant\*\* \_\_\_\_

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