

Mile High Wildfire Academy

February 9 – 12, 2017

Fort Davis, TX

Registration Form

For registration information, please contact Meredith McNeil at 979-458-7330 or email

mmcneil@tfs.tamu.edu.

For information about Academy specifics, please contact Robert Poenisch at 432-386-8108 or email

rposenisch@tfs.tamu.edu.

PLEASE FILL OUT FORM COMPLETELY

STUDENT'S NAME: _____

DATE SUBMITTED: _____

(Participants MUST be 18 years old.)

AGENCY: _____

FD/OTHER: _____

MAILING ADDRESS: _____

DAYTIME PHONE #: _____

OTHER PHONE #: _____

BILLING ADDRESS: _____

FAX #: _____

(if different from mailing)

EMAIL ADDRESS: _____

(REQUIRED)

Please provide an emergency contact name & number (other than your supervisor):

Do you have any allergies or other medical needs? _____

I would like to be enrolled in the following courses:

CLASS: _____

CLASS: _____

CLASS: _____

Supervisor's Name: _____ Title: _____ Telephone: _____

Supervisor's Signature: _____

Student Name: _____

Date: _____

FINANCIAL INFORMATION

CLASSES:

Training tuition grants are available through HB2604 and TIFMAS. For more information, please contact the Grant Department at 979-458-6505.

GRANT APPLICATIONS MUST BE RECEIVED BEFORE TRAINING BEGINS.

ATTENTION VFDs!!!!

If you have been approved for grant funding, please DO NOT bring payment to check-in.

S-130/190 Basic Firefighter Training (\$220) _____

S-200 Initial Attack IC (\$165) _____

S-211 Portable Pumps (\$165) _____

S-219 Firing Operations (\$165) _____

RT-130 Annual Fireline Refresher (\$55) _____

Total \$ _____

Method of Payment

Payment in the form of a credit card, check, or money order **must be received prior** to attending academy courses. For those with HB2604 or TIFMAS approved funding, please fax in your approval letter in lieu of payment.

*HB2604/ TIFMAS _____ Check _____ Money Order _____ Credit Card _____

Make checks payable to: Texas A&M Forest Service

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Visa ____ MasterCard ____ Discover ____ AmEx ____

Cardholder's Signature: _____ CVS code: _____

Cardholder's Name and Address:

(As it appears on credit card statement - for verification purposes only): _____

****Credit card payments will be processed upon receipt****

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, email, or fax both pages to:

Fort Davis VFD

PO Box 811

Fort Davis, TX 79734

Phone: 432-426-3900

Fax: 432-426-2908

Email: fdvfdtraining@mzvtv.net