

# Mile High Wildfire Academy

February 8 - 11, 2018

Fort Davis, TX

## Registration Form

For information about the Academy, please contact Robert Poenisch at 432-386-8108 or email [rpoenisch@tfs.tamu.edu](mailto:rpoenisch@tfs.tamu.edu).

### PLEASE FILL OUT FORM COMPLETELY

STUDENT'S NAME: \_\_\_\_\_  
(Participants MUST be 18 years old.)

DATE SUBMITTED: \_\_\_\_\_

AGENCY: \_\_\_\_\_

FD/OTHER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

\_\_\_\_\_

OTHER PHONE #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
(if different from mailing)

FAX #: \_\_\_\_\_

\_\_\_\_\_

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 course(s):

CLASS: \_\_\_\_\_

CLASS: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

### FINANCIAL INFORMATION

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.**

CLASSES:	
S-130/190 Basic Firefighter Training (\$220)	_____
S-270 Basic Air Operations (\$110)	_____
BEAST Basic Engine and Suppression Tactics (\$110)	_____
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@mztv.net](mailto:fdvfdtraining@mztv.net)