PLEASE FILL OUT FORM COMPLETELY

STUDENT’S NAME: ____________________________ O - NUMBER (for office use): _____________

ORGANIZATION: _____________________________________________ IQCS ID#: _______________
(federal employees only)

MAILING ADDRESS:
_______________________________________________________________________________
_____________________________________________________________________________________

BILLING ADDRESS (if different from mailing address):
_____________________________________________________________________________________
_____________________________________________________________________________________

DAYTIME PHONE: ______________________ OTHER PHONE: ________________________________

FAX NUMBER: __________________________ EMAIL: ______________________________________
(REQUIRED FOR REGISTRATION PROCESS)

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

I would like to be enrolled in the following courses
(courses may not overlap)

CLASS: __________________________ SESSION: __________________________
(if only one session, leave blank)

CLASS: __________________________ SESSION: __________________________
(if only one session, leave blank)

CLASS: __________________________ SESSION: __________________________
(if only one session, leave blank)

CLASS: __________________________ SESSION: __________________________
(if only one session, leave blank)

CLASS: __________________________ SESSION: __________________________
(if only one session, leave blank)

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.

**Consult supervisor for agency-specific prerequisites**
PREVIOUS TRAINING

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

Please list past qualifications pertinent to desired courses (FFT1, CRWB, etc.):

Student’s Name: ___________________ Title: ________________ Telephone: __________________

Student’s Signature: ________________________________________________________________

O - Number: ___________________

(office use only)

Supervisor’s Name: ___________________ Title: ________________ Telephone: ______________

Supervisor’s Signature: ________________________________________________________________
## FINANCIAL INFORMATION

**STUDENT COST:**

$55 per day if registering **ON or BEFORE** April 23, 2014

$60 per day **STARTING** April 24, 2014

Make checks payable to:
Texas A&M Forest Service

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Rate per day</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>$55</td>
<td>______</td>
</tr>
<tr>
<td>______</td>
<td>$60</td>
<td>______</td>
</tr>
</tbody>
</table>

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 **APRIL 23 MAY 6** WILL RECEIVE A FULL REFUND.
3. CANCELLATIONS MADE ON OR AFTER **APRIL 24 MAY 7** WILL INCUR A $55 CANCELLATION FEE PER CLASS CANCELLED.
4. NO REFUNDS WILL BE GIVEN FOR “NO SHOWS”.

Substitutions may be made.

## Method of Payment

- □ CREDIT CARD*
- □ GOVT CHECK
- □ PERSONAL CHECK
- □ MONEY ORDER
- □ PO**
- □ HB 2604/TIFMAS***

Credit Card Number: ____________________________

Expiration Date: __________ (mm/yy)  
Visa ___  MasterCard ___  Discover ___  AmEx ___

Billing Zip Code: _______________

Cardholder’s Signature: ____________________________

*Credit card payments will be processed immediately upon receipt.

**If using Purchase Order, please provide PO # ____________________________

***If indicating HB 2604 or TIFMAS, you need to have your application in BEFORE your training begins.

Payment in the form of a credit card, check, money order or purchase order must be received prior to attending academy courses.

Mail or fax 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