



Capital Area Interagency Wildfire & Incident Management Academy

October 9 – 21, 2020
Camp Swift, Bastrop, TX

Registration Form

(please email completed form to the Academy Registrar at academyregistrar@tfs.tamu.edu)

Student's Name (first, middle, last):
Preferred Name:
Please provide if you have one or more of the following: <input type="checkbox"/> IQCS Number: _____ <input type="checkbox"/> SFFMA ID: _____ <input type="checkbox"/> TCFP ID: _____ <input type="checkbox"/> TCOLE ID: _____ <input type="checkbox"/> UIN: _____

Student Mailing Address:	City:		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px; vertical-align: top;">State:</td> <td style="width: 50%; height: 20px; vertical-align: top;">Zip Code:</td> </tr> </table>	State:	Zip Code:
State:	Zip Code:		
Student Email Address:	Student Primary Phone Number:		
	Student Secondary Phone Number:		
Health/Medical Issues (i.e. allergies):	Dietary Restrictions (if any):		
Emergency Contact:	Relationship to:		
Emergency Contact Number:			

Agency Name:	Student Job Title:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="height: 20px; vertical-align: top;">City:</td> </tr> <tr> <td style="width: 50%; height: 20px; vertical-align: top;">State:</td> <td style="width: 50%; height: 20px; vertical-align: top;">Zip:</td> </tr> </table>	City:		State:	Zip:
City:					
State:	Zip:				
Agency Mailing Address:	Supervisor Job Title:				
Supervisor Name:	Supervisor Email:				
Supervisor Phone Number:					

Course Selections			
Please attach pre-requisite documentation to the form for each requested course			
Course Number:	Course Name:	Session (if applicable):	Cost:
Course Number:	Course Name:	Session (if applicable):	Cost:
Course Number:	Course Name:	Session (if applicable):	Cost:
			Total:

Method of Payment
<input type="checkbox"/> Credit Card (please call the academy registrar with payment - 979.458.7330) <input type="checkbox"/> Check (make payable to Texas A&M Forest Service) <input type="checkbox"/> Purchase Order: please provide PO# _____ <input type="checkbox"/> Grant: TIFMAS or HB2604

Billing Contact Name:	Billing Contact Number:
Billing Address:	Billing Contact Email Address:
City:	
State:	Zip: