

Certified Rescue Technician Training Registration Form



Easy Ways To Register:

CALL 419.372.8200
 FAX 419.372.1631
 MAIL Bowling Green State University
 State Fire School
 124 Williams Hall
 Bowling Green, OH 43403-0200
 ONLINE www.fireschool.org



www.fireschool.org

REGISTRANT

Please print. Photocopy this form for additional registrants.

First Name <small>(as desired on certificate)</small>		Middle Initial	Last Name	
Social Security No.*		Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Business/Department			Certification Number	
Rank		Status <input type="checkbox"/> Volunteer <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Industrial		
Business / Department Address				County
City		State	Zip	
Business Phone	Ext.	Home Phone	Cell Phone	
Fax		Email Address**		
Home Address		City	State	Zip
Education <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD			Are you a BGSU Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Person		Relationship		Phone
Shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large				

****All confirmations and course requirements will be sent via email.**

Check here to receive periodic email updates. Our lists will never be rented or sold.

Hamilton County (Cincinnati, OH)

Washington Township (Columbus, OH)

Water (Option 1)

Water (Option 2)

*** Select Water Option for Washington

Registration Fee: \$3,200

PAYMENT *Payment or billing instructions must accompany registration form.*

Method of Payment Check Attached (payable to Bowling Green State University) Purchase Order Number

*** Invoice My Organization, Billing Address (if different from above)

Approver Name _____ Email _____ Phone _____

Credit Card Credit Card No. _____

Name on Credit Card _____ Expiration Date _____

Cardholder Signature _____

Payment options available by calling 419.372.8200

CANCELLATION / REFUNDS:

If you cancel registration 30 days before the course date, a \$20 processing fee will be withheld from your refund. You will receive no refund if you cancel your registration less than 30 days before the course date. Substitutions may be made without penalty if prerequisite requirements are met.