May State Fire School 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

ONLINE http://fireschool.bgsu.edu/Registration/

BGSU_®



BOWLING GREEN STATE UNIVERSITY

www.fireschool.org

REGISTRANT					Please p	orint. Ph	otocop	v this form for ad	lditional registrants	
First Name (as desired on certificate)			Middle Initial		Last Name			<u> </u>		
Social Security No.			Date of Birth (MM/DD/YYYY)					Gender	Female	
Business/Department					Certification N	umber				
Business / Department Address					Status Vol	lunteer	☐ Part-1	Γime ☐ Full-Time	☐ Industrial	
City		State			Zip	Zip Cour		nty		
Business Phone	Ext.	Home P	hone		Ce		ell Phone			
Fax		Email A	ddress**							
Home Address							Shirt Si	ze Small N	ledium	
City	State					Zip		X-Large XX-Large XXX-Large		
Emergency Contact Person				Phc			Phone	one		
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. COURSES Select course(s) in order of preference. Please include a second choice.							ON-CAMPUS HOUSING We are not offering campus housing, but we do have rooms blocked for			
Courses				St			ate Fire School at local hotels. If but need a roommate, please email			
First Choice:						-	kgo	nzal@bgsu.edu ple willing to sha	. We have a list of	
Second Choice:			Total Due \$				You will be required to handle all arrangements.			
PAYMENT Payment or billing	instructions mu	ıst accompa	any registration f	orm.		J				
Method of Payment	d (payable to Bowlling	g Green State U	niversity) Purchas	e Order Nun	nber			CANCELLATI	ON/REFUNDS:	
* Invoice My Organization, Billing A	ddress (if different	from above)							tion is cancelled	
Approver Name		Email		Ph	hone			21 days prior to the first day of the course, a \$20 processing fee will be withheld from the full		
Credit Card Discover DIVISA D	american express	Credit Car	rd No.				refund. No refu permitted for a cancelled less			
Name on Credit Card				Exp	xpiration Date			to the first day Substitutions n	of the course. nay be made	
Cardholder Signature								without penalty		

^{*}This information must be completed for invoicing