

# October 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 43403-0200  
 ONLINE <http://fireschool.bgsu.edu/Registration/>



[www.fireschool.org](http://www.fireschool.org)

## REGISTRANT

*Please print. Photocopy this form for additional registrants.*

First Name (as desired on certificate)		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.

## COURSES *Select course(s) in order of preference. Please include a second choice.*

Courses	Course Fee
First Choice:	
Second Choice:	
	Total Due \$

## 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Credit Card No.		
Name on Credit Card		Expiration Date
Cardholder Signature		

### CANCELLATION/REFUNDS:

If your registration is cancelled 21 days prior to the first day of the course, a \$20 processing fee will be withheld from the full refund. No refund will be permitted for a registration cancelled less than 21 days prior to the first day of the course. Substitutions may be made without penalty if prerequisite requirements are met.

\*This information must be completed for invoicing