# REGISTRATION FORM

**Register by any of the following methods:**

_____

First name  Last name  Last Four Digits of Social Security Number

_____

Home Organization  Email address

_____

Home address

_____

City  State  Zip code

_____

Home phone  Other phone

____/____/_____

Birth date

**Fax to:**

**717-537-4196**

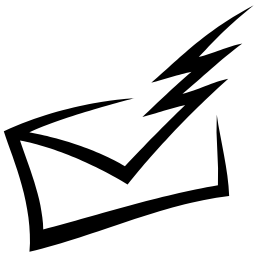
**Course Selection (You may register multiple classes on one registration)**

Program Title _____ Start Date _____ Cost _____

Program Title _____ Start Date _____ Cost _____

Program Title _____ Start Date _____ Cost _____

Program Title _____ Start Date _____ Cost _____



Email to:

DGribble@co.lancaster.pa.us

## QUESTIONS

**Phone**

**717-537-4194**

**Failure of students to show up for courses will be billed to the fire department unless the absence is excused by the Director or Training Coordinator**

**Signatures**

_____

Student Signature  Date

_____

Chief, Training Officer, or Authorizing Signature  Date