

NEW ENGLAND FIRE TRAINING

HEADQUARTERS

54 DURANGO DRIVE, GOFFSTOWN, NH 03045

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NEW HAMPSHIRE COORDINATOR 157 MIDDLE ROAD, BRENTWOOD, NH 03833

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REGISTRATION FORM

REPETITION CREATES SKILL - SKILL BREEDS CONFICENCE - CONFIDENCE SAVES LIVE

PERSONAL INFORMATION		
FIRST NAME:	LAST NAME:	CELL PHONE:
MAILING ADDRESS:		WORK PHONE:
		EMAIL:
		SHIRT SIZE:
DEPARTMENT INFORMATION		
DEPARTMENT NAME:		PHONE:
MAILING ADDRESS:		FAX:
		EMAIL:
	COURSE INFORMATION	
COURSE LOCATION:		DATE:
DEPARTMENT PAYMENT AUTHORIZATION		
FIRST NAME:	LAST NAME:	RANK:
SIGNATURE:		DATE:
THE ABOVE SIGNATURE, PROVIDED BY AN AUTHOR FOR SERVICES PROVIDED BY NEW ENGLAND FIRE T		TTHE ENROLLEE'S DEPARTMENT AGREES TO BE BILLED
	PAYMENT/CANCELLATION POLICY	
IN ORDER TO GUARANTEE YOUR SPOT. A MINIMUM REGISTRATION. AN ADMINISTRATIVE FEE OF \$50.0 IS CANCELLED DUE TO CIRCUMSTANCES BEYOND T	A OF TWO WEEKS NOTICE, PRIOR TO THE DATE OF TO WILL BE ASSESSED FOR ALL CANCELLATIONS WITI HE CONTROL OF NEW ENGLAND FIRE TRAINING AN PRIOR TO THE COURSE OR A NO SHOW WILL RESU	EKS PRIOR TO ATTENDING THE ABOVE LISTED COURSE, THE COURSE, IS REQUIRED IN ORDER TO CANCEL YOUR HIN 2 WEEKS OF THE COURSE DATE OR IF THE COURSE D THE BALANCE OF THE PAYMENT WILL BE RETURNED LT IN THE FORFIETURE OF YOUR ENTIRE PAYMENT. IN JIND WILL BE ISSUED.
SIGNATURE:		DATE: