



Fire Fighter Training Registration Form

PLEASE PRINT CLEARLY

Course Name _____ Course Code _____

Location _____ Date _____

Contact Person _____ Role/Job Title _____

Phone _____ Fax _____ E-Mail _____

Band Name _____ Band Number _____

Signature _____ Date _____

Participant Name	Phone Number	E-Mail Address	Emergency Contact Name	Emergency Contact Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Please complete and return this form to: **First Nations' Emergency Services Society (FNESS)**

102 – 70 Orwell Street, North Vancouver, BC V7J 3R5

Tel 604.669.7305 | Fax 604.669.9832 | Toll Free 1.888.822.3388 | Email info@fness.bc.ca | Web www.fness.bc.ca