



Countryside Fire Protection District Registration Form



Class Registering For:		Class Dates:	
<i>PLEASE TYPE OR PRINT ALL INFORMATION</i>			
Last Name:		First Name:	
Home Address:		City/ State/ Zip:	
Social Security Number XXX-XX- _____		Email Address:	
Students Phone Number : Cell		Home:	
Department Name:		Dept. Phone Number:	
Address:		City/ State/ Zip:	
Method of Payment : <input type="checkbox"/> Dept P.O. NO. _____ <input type="checkbox"/> Student Self Pay (payment due 1 week prior)			
<i>Department will be invoiced by default if no method of payment has been selected</i>			
Print Training Officers or Chief's Name:		Authorization to Attend Signature:	

*Countryside Fire Protection District
600 Deerpath Dr.
Vernon Hills Il. 60061
847 367-5511
847 367-5521 fax*