



# Training Registration

## Saddle Hills County

Which course do you wish to register for? \*

Medical First Responder

Volunteer Firefighter

Date

Name \*

Job Title \*

Organization Name \*

Organization Mailing address

Phone

Fax

Email address

If you are not the participant, please provide your name and contact information below.

Registrant Officer Name

Organization Name

Phone

Fax

**Email address**

**Further details to be provided upon registration. How would you like to be contacted?**

Mail

Fax

**Please list any special requirements below that you may have(i.e. wheelchair access, food allergies, visually impaired).**