



# Registration Form

**Please ensure that each participant meets all of the mandatory requirements.**

Any questions regarding any aspect of this program should be directed to the coordinator of the Fire & Emergency Medical Training department at the FNESS office.

**PLEASE PRINT CLEARLY**

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Course Name \_\_\_\_\_ 9 Digit Course Code \_\_\_\_\_ Location \_\_\_\_\_ Date (s) \_\_\_\_\_

Band/Community Contact Person \_\_\_\_\_ Role/Title \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Band Name \_\_\_\_\_ 3 Digit Band Number \_\_\_\_\_

Band Manager/Administrator \_\_\_\_\_ Fire Chief's Name \_\_\_\_\_

Fire Department Name \_\_\_\_\_

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

**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