



Page County Fire-EMS

103 South Court Street Suite F

Luray, Va. 22835

540) 743-4142 office (540) 743-4533 fax

fwilcher@pagecounty.virginia.gov

Training Registration Form

Training Class: _____

Name: _____

Department: _____

Date of Birth: _____

Last Four of Social Security Number: XXX-XX-_____

Contact Numbers:

Home: _____ Cell: _____ Work: _____

Emergency Contact Name & Number: _____

Email: _____

Chief / Captain's Signature: _____

Chief / Captain's Printed Name: _____

By submitting this to Page County Fire-EMS you acknowledge, as the student, that you will attend/complete the class. If you do not complete the class you will be responsible for the amount incurred. The only allowance for this mandate will be a family or personal emergency upon approval of the Training Officer.

Signature: _____ Date: _____

OFFICE USE ONLY

Payment Type:

Check: _____ Cash: _____

Check Number (if applicable): _____

Refundable Class: _____ Non Refundable Class: _____ (check whichever is applicable)

Check or Cash Received By: _____

Date Received: _____