



**UNION FIRE COMPANY No. 1**  
**of HAMBURG**  
BERKS COUNTY — PENNSYLVANIA  
19526-0255

***Hamburg Fire Co. Sponsored Training  
Course Registration Form***

**STUDENT NAME:**

**PHONE #:**

**EMAIL:**

**DEPARTMENT NAME:**

**COURSE TITLE:**

**COST:**

NEED BOOKS:            YES            NO  
                                  \$115

I CERTIFY THAT THIS INDIVIDUAL IS A MEMBER OF MY ORGANIZATION AND MEETS ALL PREREQUISITS FOR THE ABOVE REGISTERED CLASS.

\_\_\_\_\_  
CHIEF OFFICER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT CHIEF OFFICER NAME

\_\_\_\_\_  
TITLE

*\*PAYMENTS SHOULD BE MADE OUT TO: UNION FIRE CO #1 OF HAMBURG VOLUNTEER RELIEF ASSOC. \**

*MAIL TO: Hamburg Fire Co.  
Attn: Training  
PO Box 255  
Hamburg, PA 19526*