REGISTRATION FORM FOR **2007 UPPER CUMBERLAND CHIEF'S WEEKEND**

Mail to: Putnam County Fire Department
PO Box 3212
Cookeville, TN 38502

Fire Department Name: _____ Contact Person: _____

Address:_____ Phone # _____-_____-_____

City:_____ State:_____ Zip:_____ County:_____

Fire Department Email Address:_____

(Each student **must include their Social Security Number and make three class choices** by using course identification number from the previous pages) ***Please print or type information** ***Class Choices Here**

Student's Name	Social Security #	Phone Number	First	Second	Third
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____
_____	___-___-_____	___-___-_____	_____	_____	_____

Checks must be payable to Putnam County Fire Department

Number of students_____ @ $ 50.00 each = $ _____ **NO REFUNDS!** You may make student substitutions on or before class dates. **Make checks payable to Putnam County Fire Department**. **If more space is needed, make copies of this form.**