



SHENANDOAH
COUNTY
FIRE & RESCUE

P: 540-459-6167
Deputy Chief Courtney Cave
ccave@shenandoahcountyva.us

Training Registration Form

Training Class: _____

Name: _____ CSOD ID# _____

Department: _____

Date of Birth: _____

Last Four of Social Security Number: XXX-XX-_____ T-Shirt Size: _____

Contact Information

Home #: _____ Cell #: _____

Email: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Chief Signature: _____

Chief Printed Name: _____

By submitting this to Shenandoah County Department of Fire and Rescue you acknowledge, as the student, that you will complete the class. If you do not complete the class you may forfeit the training registration fee or your company will be billed for the amount incurred. The only allowance for this mandate will be for family or personal emergencies upon approval.

Student Signature: _____ Date: _____

-----OFFICE USE ONLY-----

Payment type: Check _____ Cash _____

Check Number _____

Refundable Course: _____ Non-Refundable Course: _____

Payment Received by: _____

Date Received: _____