



# Shenandoah County

## Department of Fire and Rescue

600 N. Main Street, Suite 109  
Woodstock, VA 22664

(540) 459-6167 office

(540) 459-6192 fax

[swalters@shenandoahcountyva.us](mailto:swalters@shenandoahcountyva.us)

## Training Registration Form

Training Class: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Four of Social Security Number: XXX-XX-\_\_\_\_\_

### 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: \_\_\_\_\_