

***This Is NOT a Registration Form.
You MUST Pre-Register!***

Kirkwood Community College
Environmental Training Center
PO Box 2068
Cedar Rapids, IA 52406-2068

**Sponsorship Billing Authorization Form
FIRE SCHOOL 2009**

After registering please complete and fax to: (319) 398 - 1250

To: Kirkwood Community College

Date: _____

We authorize Kirkwood Community College to bill our Fire Department or Entity listed below for the following listed student and class(es). We will assume responsibility for tuition.

PLEASE PRINT LEGIBLY:

Student Name:	Student SSN #:	Section #:	Class Title	Class Tuition

Contact Numbers of Student listed above:

Fire Station: () _____ - _____

Home: () _____ - _____

Work: () _____ - _____

Cell Phone: () _____ - _____

Please send the bill to the following name and address:

Fire Department Name: _____

Attention: _____

Address: _____

Cedar Rapids, IA, ZIP _____

Fire School Billing and Refund Policy:

Registrations **canceled in writing** before 5:00 pm on September 24, 2009 will receive a full refund. Cancellations made after September 24, 2009 **will not** be eligible for refunds.

Please remember that lunch cost is part of the student's tuition.

Authorized Signature: **(required)**



Print Authorized Name/Title: **(required)**