

Central Oregon Wildfire School

REGISTRATION SHEET

REGISTRATION:

Please fill out this registration sheet completely and return to the address below before the May 30th, 2009, deadline. This year's registration will be first come first served with a limited number of slots available.

Department: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Emergency Contact: _____ Phone: _____

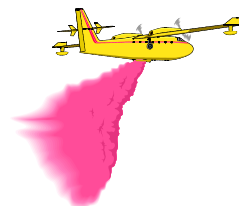
Number of personnel attending July 10 – 12, 2009: _____ x \$150 = _____
by 5/30/09
_____ x \$175 = _____
after 5/30/09

Number of apparatus and type to be attending:

Total amount enclosed (check or P.O.) \$ _____

Please return this registration sheet, Trainee List and statement of insurance to:

Paula Simone – Redmond Fire & Rescue
341 NW Dogwood
Redmond, OR 97756
(541) 504-2932
psimone@cooc.edu
www.centraloregonfireservices.org



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STATEMENT OF INSURANCE COVERAGE

I, _____, Fire Chief or Supervisor of
_____, do hereby certify

by my signature below that all personnel attending the Central Oregon Wildfire School scheduled for July 10 – 12, 2009, are protected for workers compensation and liability purposes by this agency's insurance carrier, and agree to hold harmless the Central Oregon Community College, Redmond Airport, The Crooked River National Grassland, and the Central Oregon Fire Instructors' Association, from any and all injury or damage caused or received by members of this agency at any time during this event.

I also certify the personnel attending the Central Oregon Wildfire School have read all of the enclosed information and meet the Oregon Mobilization Act training and fitness requirements for attending the school.

Signature: _____

Name: _____

Date: _____