

## Sponsorship Billing Authorization:



Fill out the enrollment form below and  
fax to **319-398-7185**.

To: Continuing Education, 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  
the cost of the course(s).

**Kirkwood**  
COMMUNITY COLLEGE

**Continuing Education**  
6301 Kirkwood Blvd. SW  
Cedar Rapids, IA 52404

### 38<sup>TH</sup> CITA – KIRKWOOD FIRE SCHOOL 2024

PLEASE PRINT LEGIBLY:

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

SSN or ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Course No.	Class Title and Dates	Class Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### 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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Receive Invoices Via Email? Yes No

Approval Signature (required) \_\_\_\_\_

Print Authorized Name/Title (required) \_\_\_\_\_

**Please note: If "NFPA-compliant equipment" is indicated in the class description, students must provide the listed equipment in order to participate. No exceptions will be made unless noted in the class description.**