

**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 2007**

After registering please complete and fax to: (319) 398 - 7185

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 #:	Class Title	Class Tuition

Please send the bill to the following name and address:

Fire Department Name: _____

Attention: _____

Address: _____

Phone: _____

Fire School Billing and Refund Policy:

Registrations canceled in writing **before** 5:00 pm on September 19, 2007 will receive a full refund. After that date a \$20.00 cancellation fee will be assessed. All registrations must be paid in full prior to September 19, 2007.

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

Authorized Company Signer's printed name

Authorized signature (**required**)

