Training Registration

Saddle Hills County

Which course do you wish to register for? *

- [ ] Medical First Responder
- [ ] Volunteer Firefighter

Date

Name *

Job Title *

Organization Name *

Organization Mailing address

Phone

Fax

Email address

If you are not the participant, please provide your name and contact information below.

Registrant Officer Name

Organization Name

Phone

Fax

Email address

Further details to be provided upon registration. How would you like to be contacted?

- (•) Mail
- ( ) Fax

Please list any special requirements below that you may have(i.e. wheelchair access, food allergies, visually impaired).

Notice of Collection

The personal information on this form is being collected for the purpose of organizing training for first responders and will be shared with Administration and other relevant external agencies. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form

- (•) Yes
- ( ) No

Email address for copy of form *