



SPONSORSHIP BILLING AUTHORIZATION FORM

7725 Kirkwood Blvd SW
Cedar Rapids, IA 52404

24TH CITA-KIRKWOOD FIRE SCHOOL 2010
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 the cost of the course(s).

Student name: _____
Student address: _____
Street _____
City _____ State _____ ZIP _____

Phone: _____
Student e-mail address: _____
Student SSN or ID #: _____ Date of Birth: _____

PLEASE PRINT LEGIBLY:

Course #	Class Title	Class 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:

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Fire Department Name: _____
Attention: _____
Address: _____
City _____ State _____ ZIP _____
Phone #: _____

Fire School Billing and Refund Policy: Registrations canceled in writing before 5 p.m. on September 23, 2010 will receive a full refund. Cancellations made after that time will not be eligible for refunds.

Authorized Signature: **(required)**

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

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