

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).



Continuing Education
Kirkwood Community College
P.O. Box 2068
Cedar Rapids, IA 52406

28TH CITA-KIRKWOOD FIRE SCHOOL 2014

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 _____

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.