

Chautauqua County Emergency Services

Training Course Request Form

Date: _____

1. HOST DETAILS:

Host Fire Department: _____

Officer Requesting Course: _____

Title: _____

Day Phone Number: _____ E-Mail: _____

2. COURSE REQUESTED:

Course Title: _____

Date You Would Like to Start the Course: _____

3 Preferred NIGHT TIME COURSES: Instructor availability will determine actual time

Nights per Week:

One(1)

Two (2)

Saturday/Sunday Sessions: SINGLE DOUBLE

Night(s) of Week:

MON TUE WED THU FRI SAT Sun

PLEASE NOTE:

All students: (including course host) must pre-register for all courses by completing a Training Course Application on-line

Host Facility Must Have: Space for 30 students, LCD Projector, Screen, Other specific course requirements as needed.

Return this form: in person, via US mail, e-mail or fax to: Chautauqua County Emergency Services - FAX/716-753-4363 Contact this office by phone at 716-753-4341 should you have any questions.

On-line Form: Please fill out form on our website - www.chautcofire.org (form will be available by September 30,2015)