

# CLEVELAND FIRE ACADEMY

## REGISTRATION FORM

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**SS #:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TX DL#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CELL PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PAGER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**FIRE DEPARTMENT AFILIATION:** \_\_\_\_\_

**SHIRT SIZE:** \_\_\_\_\_