

REGISTRATION FORM



FAIRFIELD C.E.R.T. TRAINING

I AM INTERESTED IN BEING PLACED ON THE LIST FOR THE NEXT CERT CLASS. PLEASE SEND ME INFORMATION WHEN THE TIME AND PLACE OF THE CLASS HAVE BEEN DETERMINED.

Name:

Address:

Home Tel:

Work Tel:

Cell Tel:

Email:

Please return this registration form to:

Fairfield Emergency Management

Fairfield Fire Department

140 Reef Road

Fairfield, CT 06824 or Email: citizencorps@optonline.net

If you have questions, please contact:

Norma Peterson, C.E.R.T. Liaison

Email: citizencorps@optonline.net