

PRESCRIBED FIRE TRAINING EXCHANGE REGISTRATION LOUP RIVER—3/16-3/29/2025

~DEADLINE FOR SUBMISSION: FEBRUARY 14, 2025~

I. PARTICIPANT INFORMATION		
Full name:		
Agency/Organization and position:		
Work address (street, city, state, zip/postal code, country):		
Work phone:	Cell phone:	Email:
II. QUALIFICATIONS:		
Qualified positions:		
Trainee positions:		
III. IN CASE OF EMERGENCY:		
Name:	Phone number(s):	Email:
Relationship (family, supervisor, friend, other):		
IV. MEDICAL INFORMATION AND DIET		
Do you have any allergies, medical problems or other conditions that organizers should know about, particularly those that could affect your ability to conduct prescribed fire or take part in other field exercises? If so, please describe below (continue on reverse if needed).		
Do you have any food allergies or dietary restrictions?		
V. DATES YOU PLAN TO ATTEND		
VI: COURSE EXPECTATIONS		
Briefly describe your expectations for the training. What do you expect to learn, to bring to the course, and to experience? How will this benefit your workplace, organization, and career?		
VII: AVAILABLE EQUIPMENT		
Will you have the ability to bring any vehicle resources, engine resources or other equipment		
VII: SUPERVISOR INFORMATION		
Name:	Phone:	Email:

