



SVFFA Fire School Application

Name of Department: _____

Contact Person: _____

Contact Number: _____

Contact Email: _____

Please indicate which term you are applying for:

Spring

Fall

Projected dates for school: _____

Items Required:

120+ available hotel rooms

A place to hold up to 20 courses

A place to host the spring and fall trade shows

A place to host meals

A place for a banquet

A place for a AGM with breakfast included in the fall

Availability of 4-5 apparatuses

Date: _____

Name: _____

Signature: _____

Once completed submit by email in PDF or Word format