



**Stanwood  
Camano Fire  
Department  
EMT CLASS**



Student's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_

FD or EMS affiliation: \_\_\_\_\_

Approving FD or EMS Contact's Name: \_\_\_\_\_

FD or EMS affiliation Contact Signature: \_\_\_\_\_

PO#: \_\_\_\_\_ Attention: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Phone #: \_\_\_\_\_

**Please make checks payable to:**  
Camano Island Fire and Rescue  
811 N Sunrise Blvd  
Camano Island, WA 98282

Billing Questions? Call 360-387-1512