



Public Safety Training Facility

NON-CREDIT REGISTRATION FORM

(PLEASE PRINT CLEARLY)

THE CORRECT SPELLING OF YOUR NAME ON YOUR CERTIFICATE DEPENDS ON IT

Please return to: Marcie Schnur, marcie.schnur@bc3.edu
or mail to: BC3, Public Safety Training Facility, Attn. Marcie Schnur
107 College Drive, Butler, PA 16022

LAST NAME FIRST NAME MI

STREET ADDRESS CITY

STATE ZIP CODE COUNTY OF RESIDENCE

DATE OF BIRTH SEX M/F

() _____ () _____
CELL Phone DAYTIME PHONE

E-MAIL ADDRESS
(RECEIVE BC3, PSTF TRAINING INFORMATION)

SIGNATURE DATE

Your signed registration authorizes BC3 to forward student information to the Pennsylvania State Fire Academy

ARE YOU A HIGH SCHOOL STUDENT? YES NO

ARE YOU A PERMANENT RESIDENT OF PA? YES NO

PLEASE ENROLL ME IN THE FOLLOWING NONCREDIT COURSE/WORKSHOP/SEMINAR/CERTIFICATION

Class Name:
Course #:

Class #:

PUBLIC SAFETY AFFILIATION

ADDRESS

CITY STATE ZIP CODE

01/08 BC3 IS AN EOE/AA INSTITUTION

PAYMENT AUTHORIZATION:

MAKE CHECKS PAYABLE TO: **BUTLER COUNTY COMMUNITY COLLEGE**

IF YOU ARE AN **ACTIVE BUTLER COUNTY FIREFIGHTER**, YOU MAY APPLY FOR THE CRANBERRY TOWNSHIP COMMUNITY CHEST SCHOLARSHIP (CTCC). WOULD YOU LIKE TO APPLY FOR THE CTCC SCHOLARSHIP? YES NO

WOULD YOU LIKE TO INVOICE YOUR FIRE DEPARTMENT? IF YES, PLEASE FILL OUT THE FOLLOWING INFORMATION:

PERSON AUTHORIZING TO PAY THE INVOICE:

NAME: _____ TITLE: _____

CELL PHONE NUMBER:() _____ EMAIL: _____

MAILING ADDRESS: _____

PO NUMBER OR OTHER MISC INFORAMTION: _____