



Hale Pump Training Session Registration Form

NAME: \_\_\_\_\_

FIRE DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_

TELEPHONE (CELL): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

POSTAL CODE/ZIP CODE: \_\_\_\_\_

**PLEASE RETURN TO [INFO@METALFABFIRETRUCKS.COM](mailto:INFO@METALFABFIRETRUCKS.COM) OR  
FAX TO 1-506-276-3648**