



BENDERSVILLE COMMUNITY FIRE COMPANY, INC.

P.O. Box 254
144 Park Street
Bendersville, PA 17306-0254

Firehouse (717) 677-8000
Community Hall (717) 677-8324
Fax (717) 677-0599

www.bendersvillefireco.com

April 3, 2014

Request for Training

Name of Class:

Date of Class:

Cost of Class:

Location of Class:

Date Submitted to Fireboard:

Approved by Fireboard: Yes or No

If not approved, Why?

Fire Chief Signature:



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I, _____, agree to the following terms for payment of my certification. I will submit a check to The Bendersville Fire Co Relief Fund for the full amount of the course (\$). The fire company agrees to hold, and not cash the check until completion of the course. The fire company will pay for the course with the initial application. Upon successful completion, the fire company will return your check to you. In the event that you do not complete the entire course, or complete unsuccessfully, the fire company will cash your check and deposit funds back into the Relief Fund account.

Date: _____

Date: _____

Shawn Melhorn, Fire Chief