SOUTHERN ARIZONA FIREFIGHTERS FOR SPINA BIFIDA (SAFSB)

SPINA BIFIDA ASSOCIATION OF ARIZONA (SBAAZ)

SOUTHERN ARIZONA FIREFIGHTERS FOR SPINA BIFIDA

REGISTRATION FORM

Firefighter Name: ____ Date:________________

Street Address: ____

City: _________________________ State: _______________ Zip: _________________

Home #____________ Cell #____________ Pager #____________ Work #___________

Email address: ____

Fire/EMS Agency Name: ____

Agency Contact Name: __________________________________ Phone: _______________

Name of Dependant Child with Spina Bifida: ________________________________ Age: ____

Total Number of Dependants/Family Members: ____________

TYPE OF ASSISTANCE REQUESTED:

- ❑ National Conference attendance
- ❑ Financial Assistance (Must include detailed letter describing the amount needed and for what)
- ❑ Other (Include a detailed letter describing what exactly is needed/requested)

REFERENCES:

Name: ____ Position: __________________________

Address ______________________________________ Telephone Number (___)______________

Name: ____ Position: __________________________

Address ______________________________________ Telephone Number (___)______________

Name: ____ Position: __________________________

Address ______________________________________ Telephone Number (___)______________

I certify that the information I have provided in applying for this assistance is true and complete to the best of my knowledge and belief. I give Southern Arizona Firefighters for Spina Bifida (SAFSB) and its authorized agents permission to verify and/or disclose any information given in connection with this registration form for confirmation purposes. I acknowledge that any misstatements or omissions in this registration form may be cause for elimination from assistance. I hereby authorize any and all persons and agencies to furnish to SAFSB any information which may be necessary to verify this registration and any other materials submitted, and hereby waive any rights of privacy to the information or documents which I may have under any federal, state, or local law, ordinance or rule. I also understand that an incomplete registration packet may delay or prevent assistance from SAFSB.

Registrant's Signature: ____ Date: __________________

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