



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 OR
FAX TO 1-506-276-3648**