Junior Fire Academy Registration

Last Name | First Name | Home Phone | Cell Phone

Address | City | State | Zip Code

E-mail Address | Date of Birth

Emergency Contact Name | Emergency Contact Phone

T-shirt size: Small ○ Medium ○ Large ○ X-Large ○ XX-Large ○

Choose Order of preference:1,2,3: 7/23-7/27 7/30-8/3 8/6-8/10

Please tell us why you are applying and what you would like to get from this experience.

"I certify that the facts contained in this registration are true and complete to the best of my knowledge." Agree ○ Do Not Agree ○

Download and complete this form. Return completed form by e-mail to jfa@ventura.org or by US Mail to VCFD, 165 Durley Ave., Camarillo, CA 93010.
For questions, please call (805) 389-9769