### **New Hampshire Department of Safety**

Division of Fire Standards and Training & Emergency Medical Services

Mailing: NHFSTEMS, 33 Hazen Drive, Concord, NH 03305

Physical: 98 Smokey Bear Blvd., Concord, NH

**Phones:** (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091



## **Dormitory Reservation Form**

DORMITORY CHECK IN TIME IS AT 6:00PM.							
Section 1: GUEST CONTACT INFORMATION							
First Name		me	M.I.		Last Name		
MAILING ADDRESS:	Street						
	Town/City				State Zip		
	Best conta	ct phone #:		Email:			
Agency / Depart	ment represented:						
Section 2:	COURSE I	NFORMATION					
	Class/Activi	ty attending:		Start date:		End date:	
Section 3: ADDITIONAL INFORMATION (Please fill out completely.)							
Date of	Arrival:	Time:		Date of Departure	:	Time:	
Emergency Contact Name:				Emergency Contact Phone:			
Special/Medical/Handicap Considerations:							
	FEE INFO						
<ul> <li>Dormitory stays are FREE for IN STATE FIRE SERVICE AND EMS MEMBERS!</li> <li>\$40.00 per night fee for all others</li> <li>Payment must be secured PRIOR to your stay.</li> <li>Please fill out both pages of this form (Reservation and Payment) if you are paying on your own with a credit card, check, or money order.</li> <li>\$25.00 fee for lost keys</li> </ul>							
Section 5:		(Please fill in this sectio	n if yo	ur department/ag		oilled.)	
	Name of depa	rtment/agency:			Contact Person:		
MAILING ADDRESS:	Street/PO Box #:						
	City/Town				State	Zip	
OFFICE USE ONLY			R	Room #:			
Arrival Date:			De	Departure Date:			
Key Issued:			K	Key Returned:			

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# **Dormitory Payment Information Form**

#### NOTE:

Please fill out both the Dormitory Reservation Form (pg. 1) and the Dormitory Payment Information Form (this page) if you are paying on your own for your dormitory stay using a check, money order, or credit card.

Section 1: GUEST INFORMATION								
	First N	ame	M.I.	M.I. Last Name				
	Best Contact F	Phone Number:		 Er	nail:			
Date of Arrival:		Time:		Date of Departure:	Time:			
Sect	Section 2: PERSONAL PAYMENT INFORMATION							
<ul> <li>Check off one method of payment listed below.</li> <li>Please make checks or money orders payable to NHFSTEMS and mail to NHFSTEMS at the address listed on the top of this form.</li> </ul>								
	Personal Check							
	Money Order / Bank Ch	eck						
Credit Card We will contact you for payment information when you req				request gets confirmed				
FOR (	OFFICE USE ONLY:							