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 N			M.I.	.I. Last Name			
MAILING	Street						
ADDRESS:	Town/City		State Zip				
Best contact phone #:					Email:		
Agency / Department represented:							
Section 2:	COURSE I	NFORMATION					
Class/Activity attending:				Start date:	Start date: End date:		
Section 3: ADDITIONAL INFORMATION (Please fill out completely.)							
Date of Arrival:		Time: Date of Depa		Date of Departure	:	Time:	
Emergency Contact Name:				Emergency Contact Phone:			
Special/Medical/Handicap Considerations:							
	FEE INFOR						
 Dormitory stays are FREE for IN STATE FIRE SERVICE AND EMS MEMBERS! \$40.00 per night fee for all others Payment must be secured PRIOR to your stay. 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. \$25.00 fee for lost keys 							
Section 5:		(Please fill in this sectio	n if you	ır department/ag		oilled.)	
Name of department/agency:				Contact Person:			
MAILING ADDRESS:	Street/PO Box #	÷					
	City/Town				State	Zip	
OFFICE USE	ONLY		loom #:				
Arrival Date:			De	Departure Date:			
Key Issued:			Ke	Key Returned:			





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 Name			.I. Last Name				
Best Contact Phone Number:				Email:				
	Date of Arrival:	Time:		Date of Departure:	Time:			
Sect	Section 2: PERSONAL PAYMENT INFORMATION							
 Check off one method of payment listed below. Please make checks or money orders payable to NHFSTEMS and mail to NHFSTEMS at the address listed on the top of this form. Personal Check Money Order / Bank Check 								
	Credit Card We will contact y		you fo	ou for payment information when you request gets confirmed				
FOR	OFFICE USE ONLY:							