



**York Area United Fire & Rescue**  
**2024 Citizen's Fire Academy Registration**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Group or Organization: \_\_\_\_\_

Current Fire Department Affiliation (If Any): \_\_\_\_\_

T Shirt Size..... Small\_\_\_\_ Medium\_\_\_\_ Large\_\_\_\_ X Large\_\_\_\_