City of Beacon Jr. Fire Academy

August 7th to August 11th 9 AM to 3 PM

Please send application to gvanvoorhis@beaconfd.org

Name_____

Age _____ Grade (Fall 2017) _____ Date of Birth _____

Address _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email Address_____

Why would you like to participate in the Beacon Youth Fire Academy? Write a paragraph on the lines below, or type on a separate piece of paper and attach.

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