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## Community Emergency Response Team Training

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I would like to register for the eight-session CERT training and would like to attend:

- ☐ As published
- ☐ I am unable to attend the training at this time but please contact me about future CERT training.

**Please Print Clearly:**

Name:

Street Address:

City:

State:

Zip:

Telephone (Day):

(Evening):

Email at which you want to receive CERT information:

Please return this form (one registration per form, please) to:

Lt. Philip Woolf  
East Bridgewater Fire Department  
268 Bedford Street East Bridgewater, MA 02333  
or fax to (508) 378-1627

More information and questions may be directed to: [pwoolf@ebfire.org](mailto:pwoolf@ebfire.org)