

CPAT Certified Cheque/Money Order Registration Form

Name of CPAT registrant: _____

Phone: _____

Email: _____

Dates registered for (please list all applicable):

Orientation(s) _____

Timed Trial(s) _____

CPAT _____

Which Fire Departments are you applying to? (please list all so we can verify they accept UW CPAT):

Amount of payment (add up total for Orientations x \$40 each, Timed Trials x \$200 each, CPAT x \$200):

\$ _____

Please make certified cheque or money order payable to: **University of Waterloo**

UW Fitness Mailing Address

Attn: UW Fitness, LHI 1607 or 1608
University of Waterloo
200 University Ave. West
Waterloo, ON
N2L 3G1