

CPAT Credit Card 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):

Credit card type: Visa MC

Name on credit card: _____

Credit card number: _____

Credit card expiry date: _____

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

\$ _____

UW Fitness Contact Info

Fax: 519-888-4033

Phone: 519-888-4567 ext 36841