



"Training to Save Lives"

FIRE AND EMR COURSE ROSTER

1601 Van Horne Avenue East
Brandon Manitoba
Canada R7A 7K2
Phone: (204) 726-6855
Fax: (204) 726-6847
Toll Free: 1-888-253-1488
Student_services@mbmesc.ca
www.mbmesc.ca

This form **MUST** be submitted with the FIRE AND EMR COURSE REGISTRATION FORM for material to be issued.
Student Application forms and copies of prerequisites (where required) must be submitted to the MESC
five Working Days **PRIOR** to the Course Start Date.

**Please send an updated Roster to the MESC if there are any changes (additions/deletions) at any time prior
and during the Course.**

Course Title: _____ Course Date(s): _____
Course Location: _____ Instructor(s): _____

| LAST NAME | FIRST NAME | AFFILIATION (Fire Dept. or EMS Service) |
|-----------|------------|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |

Lead Instructor Signature

Date