



LRWA TRAINING REGISTRATION FORM

(Pre-registration is recommended!)
Clearly **Print** or **Type** all information

You **must** indicate each class you plan to attend:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Name: _____

System or Firm Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Title: _____

Phone: (_____) _____

Email Address: _____

Are you a certified operator? Yes No

Operator ID: _____

Social Security Number: _____

!!There are no fees for these training classes!!

You can mail, fax or email the registration to:
Louisiana Rural Water Association
P O Box 180
Kinder LA 70648
337-738-5620 (fax)
larwa@centurytel.net