



Trades Camp & Welding Academy Application

Name: _____

Last Name

First name

Address: _____

Street /PO Box

City

State/Province

Zip Code

Cell Phone number: _____

Home phone or alternate Phone number: _____

Email address _____

Emergency Contact: _____

Spouse ___ Parent ___ Child ___ Other ___

Emergency Contact phone number: _____

Please check the camp/academy you wish to enroll:

___ Square One Trades Camp

Camp start date: _____

___ Welding Academy

Academy start date: _____

___ Indicate Size of Trades Jacket needed

___ Indicate Size of Work Gloves needed

Please return application by e-mail to tward@iaiworks.com