

CPR CLASS REGISTRATION

FIRST NAME

LAST NAME

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT THIS CLASS?

ARE YOU REGISTERING WITH A FRIEND OR FAMILY MEMBER?

YES

NO

NAME(S) - Please enclose a separate check for each.

CLASS DATE DESIRED - Coordinator will contact you to verify date due to limited class enrollment.

PLEASE ENTER ANY QUESTIONS OR COMMENTS YOU MAY HAVE

I AM INTERESTED IN RIDING AS AN OBSERVER ON AN AMBULANCE. YES NO

For more information on volunteering with The Rescue Squad go to livesneedsaving.com