

CLASS REGISTRATION: **PLEASE PRINT**

Class Name _____ Date(s) _____ Instructor(s) _____

Name _____

Home Address _____

City _____ St. _____ Zip _____

Day Phone # _____ Email _____

EMPLOYER NAME _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Email _____

I am taking this course for:

Now that I am Red Cross certified, I am interested in more information about:

- | | |
|---|--|
| <input type="checkbox"/> Additional Health & Safety Classes | <input type="checkbox"/> Disaster Volunteer |
| <input type="checkbox"/> How to become an Instructor | <input type="checkbox"/> Disaster Training Classes |
| <input type="checkbox"/> Being a blood donor | <input type="checkbox"/> Babysitting classes |
| <input type="checkbox"/> Volunteering at the Chapter | <input type="checkbox"/> Aquatic Training |
| | <input type="checkbox"/> Nurse Assistant Training |

CLASS REGISTRATION: **PLEASE PRINT**

Class Name _____ Date(s) _____ Instructor(s) _____

Name _____

Home Address _____

City _____ St. _____ Zip _____

Day Phone # _____ Email _____

EMPLOYER NAME _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Email _____

I am taking this course for:

Now that I am Red Cross certified, I am interested in more information about:

- | | |
|---|--|
| <input type="checkbox"/> Additional Health & Safety Classes | <input type="checkbox"/> Disaster Volunteer |
| <input type="checkbox"/> How to become an Instructor | <input type="checkbox"/> Disaster Training Classes |
| <input type="checkbox"/> Being a blood donor | <input type="checkbox"/> Babysitting classes |
| <input type="checkbox"/> Volunteering at the Chapter | <input type="checkbox"/> Aquatic Training |
| | <input type="checkbox"/> Nurse Assistant Training |