

PARTICIPATION REGISTRATION FORM

PARTICIPANT NAME: _____ COMPANY NAME: _____

HOME ADDRESS: _____ COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

HOME PHONE:() _____ WORK PHONE: _____

CELL PHONE:() _____ CLASS DATE: _____

PLEASE INDICATE	COURSE NAME	FEE
	Standard First Aid with CPR/AED-Adult & Child plus CPR-Infant	\$65.00
	CPR/AED-Adult & Child plus CPR Infant	\$55.00
	CPR/AED-Adult CPR plus Standard First Aid	\$55.00
	CPR/AED-Adult CPR	\$50.00
	Standard First Aid	\$50.00
	CPR/AED for the Professional	\$55.00
	Babysitting	\$55.00
	Circle one: CPR/CPRO challenge add FA for \$5.00	\$25.00
	Lay Responder First Aid & CPR/AED Instructor	\$200.00
	Upgrade to Bloodborne Pathogens-Preventing Disease Transmission	\$10.00
	Upgrade to Administering Emergency Oxygen	\$10.00
	Reprint of card Course date: _____ Instructor: _____	\$5.00
	Own your own copy of DVD for Lay Responder First Aid/CPR/AED	\$175.00
	Upgrade to CPR/AED for the Professional Rescuer Life G./Healthcare	\$55.00
	Own your own copy of DVD for CPR/AED for the Professional	\$125.00

SUBTOTAL:	
ARE YOU INTERESTED IN DONATING \$5.00 TO SUPPORT HEALTH & SAFETY SERVICES?	
TOTAL:	

FOR OFFICE USE ONLY:

RECEIPT NUMBER: _____ DATE: ____/____/____

PAYMENT METHOD: CASH/CHECK# _____/VISA/MC/DIS/MO/PO#

THANK YOU FOR SUPPORTING YOUR AMERICAN RED CROSS!