



GWRRA MEDIC FIRST
AID CLASS®
ANNOUNCEMENT

FILLABLE VERSION



_____ DISTRICT WILL BE HOSTING A

MEDIC FIRST AID CLASS®

CLASS DAY/ DATE: _____ TIME: _____

MEDIC FIRST AID® Class includes instruction in basic First Aid; CPR and AED use

EVENT LOCATION: _____

EVENT ADDRESS: _____

EVENT HOURS: _____

FEE PER MEMBER: \$ _____

ADDITIONAL INFORMATION: _____

Lunch Will Will Not be served.

EVENT CONTACT INFORMATION: _____

TO REGISTER FOR THE CLASS COMPLETE & SUBMIT THE FORM BELOW:

-----cut here -----

MEDIC FIRST AID® CLASS REGISTRATION (Please Print)

YOUR NAME: _____ GWRRA # _____

PHONE: _____ EMAIL: _____

TOTAL AMOUNT ENCLOSED: _____ **DO NOT SEND CASH**

MAKE CHECKS PAYABLE TO: _____

MAIL COMPLETED REGISTRATION AND PAYMENT TO: _____