

APPLICATION FOR CPR OR FIRST AID TRAINING

Name _____

Address _____

Town/Zip Code _____

Department/Agency _____

Home Telephone _____ Work Telephone _____

REGISTER ME FOR COURSE

_____ Adult CPR & Choking \$20

_____ Community CPR (Adult, Child & Infant) \$30

_____ Child & Infant CPR \$20

_____ Standard First Aid & CPR \$40

Professional Rescuer CPR:

_____ Original \$35

_____ *Refresher \$20

*Submit a copy of a valid *National Safety Council Professional Rescuer* card (front and back) with registration form if submitting for a Professional Rescuer refresher course.

I would like to attend the course scheduled for: _____ at _____
Date Location

Please notify me of the next opportunity to attend the type of course requested.

Please contact me relative to scheduling a course for my organization, work place, or etc.

RETURN TO

Deputy Chief Charles Mike Hammon
City of Batavia Fire Department
18 Evans Street
Batavia, New York 14020-3196