

## NORTH COUNTRY EMS - Group First Aid/CPR Class Registration Form

Group Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Group Leader's Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

| Name      | Physical Address | Mailing Address | Phone | <u>For Agency use only</u>                |
|-----------|------------------|-----------------|-------|---|
| 1. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 2. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 3. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 4. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 5. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 6. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 7. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 8. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 9. _____  | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |
| 10. _____ | _____            | _____           | _____ | Resident: Y or N<br>Card: FA/CPR &/or HCP |

Please mail to PO Box 189, Yacolt, WA 98675 or fax to 360-686-8127 at least one week prior to course date