

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 Card: FA/CPR &/or HCP
2. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
3. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
4. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
5. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
6. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
7. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
8. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
9. _____	_____	_____	_____	Resident: Y or N Card: FA/CPR &/or HCP
10. _____	_____	_____	_____	Resident: Y or N 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