

American Red Cross, Marshall County Chapter
H&S REGISTRATION FORM

Effective April 15, 2009

Please mail completed form to:
Marshall County Red Cross
230 College St., Ste 125
Lewisburg, TN 37091-2775

Phone Number: 931-359-1211

Date: _____ Participant's Name: _____ Phone Number: _____

Street Address: _____ City/State: _____

Please register me for the following class(es):

Note: Please call our office to arrange for a date and time for your training. We will make every effort to accommodate your desired schedule.

| | <u>Course</u> | <u>Approximate Duration</u> | <u>Desired</u> | | <u>Cost</u> |
|--------------------------|--------------------------------------|---------------------------------|----------------|-------------|-------------|
| | | | <u>Date</u> | <u>Time</u> | |
| <input type="checkbox"/> | Adult CPR | 4 hours | _____ | _____ | \$45 |
| <input type="checkbox"/> | Infant and Child CPR | 4 hours | _____ | _____ | \$45 |
| <input type="checkbox"/> | First Aid | 4 hours | _____ | _____ | \$45 |
| <input type="checkbox"/> | Babysitter's Training | 6 hours | _____ | _____ | \$50 |
| <input type="checkbox"/> | Wilderness First Aid | 18 hours | _____ | _____ | \$100 |
| <input type="checkbox"/> | CPR/AED for the Professional Rescuer | 6 hours | _____ | _____ | \$80 |

Total amount: _____

METHOD OF PAYMENT

Cash *PayPal Check Check # _____

*To make a payment via PayPal, visit our Red Cross website at www.mcredcross.com and click on the "DONATE" link located on the left of the home page to go to the secure PayPal site.

COMPLETE THIS SECTION ONLY IF REGISTERING FOR BABYSITTING TRAINING

Participant's Age: _____ Participant Parent's Name: _____