

COURSE REGISTRATION FORM

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Participant Information:

Last Name	First Name	M.I.

Home Address		

City	State	ZIP

Day Phone		Evening Phone

E-mail address		County

Method of Payment:

<input type="radio"/> Check	<input type="radio"/> Money Order	
<input type="radio"/> MasterCard	<input type="radio"/> Visa	<input type="radio"/> AMEX

Credit Card Number		

Exp. Date: Month / Year		

Card Holder's Name		

Course Name: _____	\$ _____
Course Code: _____ Class ID: _____	
Time: _____ Date: _____ Location: _____	
Course Name: _____	\$ _____
Course Code: _____ Class ID: _____	
Time: _____ Date: _____ Location: _____	
Course Name: _____	\$ _____
Course Code: _____ Class ID: _____	
Time: _____ Date: _____ Location: _____	
Total Cost: \$ _____	

For children under 15 years of age:

My child has permission to participate in the American Red Cross course indicated on this form. In case of emergency, the adult in charge has my permission to obtain medical treatment for my child/ward.

Signature of parent or guardian

Phone number during activity

If you are part of a group or troop taking this class together, please complete the following:

Group / Troop Name

Leader's Name

Contact Phone Number