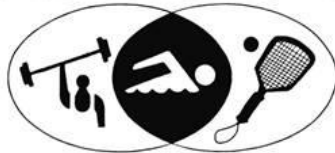


Symons Recreation Complex

DENISE A. HANOLD
Director
TRACY GOBIN
Assistant Director
(608) 647-8522



1250 Highway 14 West
Richland Center, WI 53581

www.symonsrec.com

OPEN TO THE PUBLIC

Dear prospective **CPR / AED &/or First Aid** for the Community Lay Person Course participant,

This is the registration form for the Symons Recreation Complex American Red Cross course in:

- First Aid (Community Lay Person)
- CPR for the Adult / AED (Community Lay Person).

Please choose from one of the dates below. **PLEASE CHECK YOUR CHOICE**

FIRST AID

- Dec. 1st, 2009 5pm-9pm
- Feb. 4th, 2010 5pm-9pm
- May 4th, 2010 5pm-9pm
- Aug. 24th, 2010 5pm-9pm
- Oct. 4th, 2010 5pm-9pm

ADULT CPR/AED

- Dec. 8th, 2009 4pm-9pm
- Feb. 2nd, 2010 4pm-9pm
- May 3rd, 2010 4pm-9pm
- Aug. 17th, 2010 4pm-9pm
- Oct. 9th, 2010 Noon-4pm
- Dec. 1st, 2010 4pm-9pm

Please indicate which component(s) you would like to enroll in. Send this registration WITH PAYMENT to Symons Recreation Complex, Attn: Director, 1250 Highway 14 West, Richland Center, WI 53581. By completing this registration, you understand that you must pay the non-refundable class fee in advance. **Refunds are not given for any reason.**

Print name: _____ Date of birth: _____

Address: _____ Phone: _____

All components are FULL LENGTH COURSES, not re-certification or challenge classes.

- Community CPR for the adult / AED? _____ Yes (\$75 members / \$85 non-members)
- First Aid? _____ Yes (\$50 members / \$60 non-members)

Person to contact in case of emergency: _____ Phone: _____

Signature of prospective student

Date

Signature of parent or guardian (if student is under age 18)

Date

For office use only:
Cm+ # _____
Receipt # _____
Date paid: _____
Amount: _____
Entered on Reg. Log?