

Course Registration Form – Calhoun County Chapter

Complete this form, return or mail to our location or fax to 256-237-0391

Course Name _____

Location _____ Dates _____ Cost \$ _____

Course Name _____

Location _____ Dates _____ Cost \$ _____

Optional Items

Resuscitation/Pocket Mask: \$12.00 _____
Number Ordered Amount Enclosed

Student Information:

Name _____
Social Security
Number _____
Daytime Phone _____
Address _____
City/State _____
Zip _____

Payment Information: Please make checks payable to the American Red Cross and list course name(s) and date(s) on the check. **** PLEASE SUBMIT PURCHASE ORDER FORM WITH YOUR REGISTRATION**

Method of Payment (circle one): Check Purchase Order
(PLEASE DO NOT SEND CASH)