



## ARC FIRST AID/CPR TRAINING REGISTRATION FORM

---

Date: \_\_\_\_\_

Check requested training location below.

Monroe/Charlotte     Burlington/Triad     Other \_\_\_\_\_

Requested Date of Training: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

***Registration form along with payment is due within 14 days prior to the training start date. Training cost is \$25.00 per participant. Money orders should be made payable to Little Gerald Services. Participants must complete all hours to receive training completion certificate. Failure to fulfill the full training requirements will require the applicant to re-apply and complete a new application. Contact our office for payment assistance options.***