

Health & Safety Course Registration Form

****PLEASE READ & NOTE BEFORE REGISTERING****

* Course fees are **NON-REFUNDABLE**. If you fail to attend a scheduled course, your training fee is considered a donation to the American Red Cross. Refunds will be issued **ONLY** if the American Red Cross cancels the class, or if the class registration was closed prior to receipt of your payment.

* Each course fee includes an authorized instructor, participant class materials for training and certification (upon successful completion).

* All registrations are on **a first-come first-served basis** and must be accompanied by cash, a check made payable to the *American Red Cross*, money order or credit card.

* Registrations will be accepted by mail, via telephone with credit card or in-person **ONLY**. Walk-in registrations will not be accepted on the night of the class. All fees must be paid in advance; we cannot hold a slot without prior payment.

*Scholarship information available upon request.

Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Phone (Day): _____ Phone (Evening): _____

Course Title(s): _____

Course Date(s): _____

Through your participation in our courses and by purchasing our products, you enable the Red Cross to provide lifesaving and disaster relief services within our community. We truly value your support!

Please add to my purchase...

.... one or more of the following products, and I have added that amount to my total. Products purchased are ready for you on the night of your training course.

Family Pack First Aid Kit - Qty ___ @ \$25.00 each Dog First Aid Book w/DVD – Qty ___ @ \$16.95 each

Sport Pack First Aid Kit - Qty ___ @ \$15.00 each Cat First Aid Book w/DVD – Qty ___ @ \$16.95 each

CPR Pocket Mask - Qty ___ @ \$13.25 each Emergency Preparedness Backpack – Qty ___ @ \$40.00 each

CPR Face Shield Keychain – Qty ___ @ \$5.00 each Red Cross Fleece Blanket – Qty ___ @ \$12.00 each

Total Fee Enclosed: \$ _____ Please Circle: (Check, Cash, Money Order, or Credit Card)

I authorize you to charge my: _____ Discover _____ VISA _____ MasterCard

in the amount of \$ _____.

Name as it appears on credit card: _____

Account Number: _____

3 Digit Number on Signature Panel on Back of card: _____ Expiration Date: _____

Signature: _____

Complete form, and mail or fax with payment information to:

American Red Cross

Greater Somerset County Chapter

14 West Cliff Street, Somerville, NJ 08876

Phone: (908) 725-2217 Fax: (908) 725-8846 Website: www.redcross.org/nj/gsc