

FIRE DEPARTMENT



CITY OF WAUSEON

Wauseon Fire Department CPR Request Form

Today's Date: _____

Name of Class Contact: _____ Phone: _____

Number of Participants: _____

Please Select 3 Dates That Work For All Participant(s): _____

Type of Class Requested: _____

Drop this request form off or mail to Wauseon Fire Department: 230 Clinton Street

Things to remember:

- Registration Fee of \$10.00 will apply for every participant and will need to be turned in with this request form.
- Please show up ten minutes prior to the class
- Please use Parking lot on south side of fire station
- If you need to cancel the class it must be 48 hours prior to the start time or participant(s) will lose registration fee. Call 419-388-1645 to cancel.
- Please bring a self-addressed and stamped envelope with cost of class(cash) enclosed to receive your cards via mail. First Aid/CPR: \$40.00. CPR Only: \$15.00.

(STOP Instructors will fill out this section)

Class Confirmed Date: _____

Class Instructor: _____

Cost Per Person: _____

Total Confirmed Participants: _____

Cards Issue Date: _____

Issued By: _____

Paid in Full: _____
