American Red Cross Basic Water Rescue

Sponsored By: Authorized Provider - Cedar County Memorial Hospital

PLEASE PRINT CLEARLY & FILL IN COMPLETELY- Please keep a copy for your records.

PARTICIPANT INFORMATION (One form per person. Please make photocopies as necessary)

NAME:	**Last**	**First**	**M.I.**
EMAIL:			
ADDRESS:		**CITY:**	
STATE:		**ZIP CODE:**	
PHONE (H):		**CELL :**	**FAX:**

Company Information (If Applicable)

Name:	Address:	Phone:
Contact Name:		Fax:

REGISTRATION FEES *All fees include facility fee

Basic Water Rescue Workshop & Certification Morning 8:00am—12:30pm	**Saturday, May 7, 2011**	**$45.00**	
Basic Water Rescue Workshop & Certification Afternoon 1:30pm—6:00pm	**Saturday, May 7, 2011**	**$45.00**	
Basic Water Rescue Workshop & Certification Morning 8:00am—12:30pm	**Saturday, May 21, 2011**	**$45.00**	
Basic Water Rescue Workshop & Certification Evening 1:30am—6:00pm	**Saturday, May 21, 2011**	**$45.00**	
CCMH must have at least 4 participants enrolled in each scheduled workshop to conduct at that date & time. If 4 participants do not enroll at that date & time CCMH will contact you to reschedule.			

PAYMENT **Check/Purchase Order/Credit Card** **MAILING ADDRESS**

Payment Method	**Check #**	**Money Order**	**Credit Card Type**
	Print Cardholder Name:		
Workshop & Certification Registration fees are NON REFUNDABLE; No exceptions. If CCMH cancels you will receive 100% refund. Written notice of enrollment or cancellation is due prior to the event.	**Cardholder's Signature:**		
	Credit Card #:		
	Expiration Date: ____/____	**3 –4 DIGIT AUTHENTICITY CODE:**	