



Whitehouse Fire Department CPR Request Form

Today's Date: _____

Name of Class Contact: _____ Phone: _____

Number of Participants: _____ *(Must have a minimum of 3)*

Please select 3 dates that work for ALL Participants: _____

Type of class requested: _____
(All classes are American Heart Association: Heartsaver, Healthcare Provider, and Heartsaver First Aid)

Fax this form to 419-877-4827 or email a scanned copy to csmigelski@whitehouseoh.gov

Things to remember:

- Please show up at least 10 minutes prior to the class
- There must be at least 3 people to hold a class
- Please pull around to the pack parking lot and enter through the back door
- If you are taking advantage of the \$10.00 class Monday through Friday in the hours of 8am to 5pm we are on duty and may have to respond. If this happens we will finish the class when our incident is complete.
- If you need to cancel the class it must be done 48 hours prior to the start time Call 419-877-0363.
- Please fill out the registration card prior to arriving to class
- Please Bring a self-addressed and stamped envelope to receive your cards

(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: _____