

**Lifeguard Training Course Registration Form
Hamilton High School West**

\$150.00

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

E-mail _____

_____ I include a copy of my proof of age (minimum age of 15)

Payment:

_____ Check _____ American Express _____ Visa _____ MasterCard

Name of Card Holder _____

Account Number _____

Expiration Date _____

Please send Registration Form & Payment to:

**American Red Cross of Central New Jersey
Attention: Health & Safety Services
707 Alexander Road, Suite 101
Princeton, New Jersey 08540-6399**