

COURSE REGISTRATION FORM

Register early to ensure enrollment. Registration is on a first come first served basis. Complete the form below for courses to be held in either location and return it with payment to:

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

This registration form must be completed in its entirety. Please remember to include payment with your form. Make checks payable to the American Red Cross.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

<u>Course Name</u>	<u>Date(s)</u>	<u>Location</u>	<u>Fee</u>
_____	_____	_____	_____
_____	_____	_____	_____

If Challenge, which course do you wish to challenge

Pocket Mask needed? yes no add \$12.00

Payment Information:

_____ Check _____ Money order _____ Visa _____ MasterCard

Name of Card Holder _____
Account Number _____
Expiration Date _____

