

# HEARTSAVER CPR / AED REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Form of Payment:

CASH / Amount Enclosed: \$ \_\_\_\_\_

CHECK / Check Number: \_\_\_\_\_ *(Payable to LYF Savers, Inc.)*

Please indicate the class you would like to attend: *(circle)*

Tuesday, 4/6/2010

OR

Thursday, 4/8/2010

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**You will receive confirmation via email or phone call.  
Please indicate which you prefer:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*Student Manuals will be issued in class.*