



GWRRRA Indiana

REQUEST FOR MEDIC FIRST AID[®]/CPR/A.E.D CLASS

Please fill out this form to request a MEDIC FIRST AID[®] Class for your chapter. A service fee of \$21.00 per person is required and must be submitted no later than two (2) weeks prior to the scheduled class date. Please include your choice of dates for the class and fill in all contact information.

Please send to:
 John & Laurel Kuehl
 238 Laurel Drive
 Valparaiso, IN. 46383
 Phone: (219) 464-4663
 Email: wingitG | @* { aiaB {

(Make all checks payable to GWRRRA of Indiana)

Please Print: This form **must be legible**, thank you.

Chapter:	
Location of Class: (Address, City, State, Zip)	

Chapter Director Information:

Name:			
Address:	City:	State:	Zip:
Phone:	Email:		

Chapter Educator Information: (or person responsible for setting up this class)

Name:			
Address:	City:	State:	Zip:
Phone:	Email:		

Requested Dates:

1 st Choice:	2 nd Choice:	3 rd Choice:
Number of students expected:		

For Internal Use Only:

Approved By:			
Date of Approval		Date of Class:	

MEDIC FIRST AID is a registered trademark of MEDIC FIRST AID International, Inc.