



SURFSIDE BEACH EMS CPR CLASS REGISTRY FORM



CPR Class

BLS Provider ___ *Heartsaver Provider* ___

How Many will be attending the class (min 4 max 12)

_____ Adults _____ Children (8-17)

Name of Organization (if affiliated)

Please provide three dates that are available for you or your group.

_____	_____	_____
AM 9:00-15:00 ___	AM 9:00-15:00 ___	AM 9:00-15:00 ___
PM 17:00-22:00 ___	PM 17:00-22:00 ___	PM 17:00-22:00 ___

Contact Information

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Surfside Beach Residents only pay 6\$ per person for class

Must show proof of residence on TX DL

(pricing is based on per person, cards are not included in pricing for non-residents)

Any questions call City Hall and ask for Chris or Charlie with EMS