



CPR Registration Form

Name: _____

Address: _____

Home number: (____)-_____

Cell phone number: (____)-_____

Date of CPR Class: __/__/__

Cost: \$75 for Non-Member
 \$40 for member of other volunteer organization
 (Ambulance or Fire)
 \$0 for New City Ambulance Members

Please mail form and check for above amount to:

New City Ambulance Corps
PO Box 33
New City, New York 10956
ATTN: CPR Instructor

