New City Volunteer Ambulance Corps. and Rescue Squad Office of the Executive Board • L.O. Box 38 • New City, New York 10956



CPR Registration Form

Name:	
Address	
Home nu	umber: ()
Cell pho	ne 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 m	nail form and check for above amount to:
PO Box New Cit	y Ambulance Corps 33 y, New York 10956 CPR Instructor

