Student Registration Form

304 243 0423	PLEASE PRINT ONE LETTER TO EAC	1 SQUARE
DATE	RES	A 6 PUBLIC SERVICE TRAINING
	30 G	C. and P. Road
CLASS#	Whe	eling, WV 26003
	-06	
CLASS TITLE		
COURSE LOCATION		STRUCTOR
LAST NAME FIRS	T MI RA	ANK (if applicable)/OCCUPATION
CHECK IF NEW ADDRESS	MALE FEMALE NAME OF YO	UR ORGANIZATION/ COMPANY
		COLNEY
HOME STREET ADDRESS		COUNTY
CITY	STATE ZIP CO	DE DATE OF BIRTH
HOURS PHONE HOME	WORK	ARE YOU A PAID EMT/PARAMEDIC?
9 1° xm2" 1° 9		YES NO
As a voluntary participant in this course, I perso	nally assume all responsibility for my participatio	n, both in the classroom and practical or field exercises. I
will not hold RESA-6 or the Instructor(s) responsible for any liability incurred during my participation in this course.		
SIGNATURE:	DATE.	OFFICE USE ONLY:
(student)	DATE	TUITION \$
NOTE: Must be signed by Parent or G	uardian if under 18 years of age.	SUPPLY FEE \$ TEXTBOOK \$
GYGNA MYDY	D 4 (TV)	TEXTBOOK \$
SIGNATURE:(Parent or Guardian)	DATE:	
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304 243 0423 DATE	PLEASE PRINT ONE LETTER TO EACH	~
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CLASS TITLE COURSE LOCATION	PLEASE PRINT ONE LETTER TO EACH RES. 30 G Whee	A 6 PUBLIC SERVICE TRAINING C. and P. Road eling, WV 26003 STRUCTOR ANK (if applicable)/OCCUPATION
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(Parent or Guardian)