



CPR CLASS REGISTRATION

PLEASE PRINT CLEARLY:

Name: _____

Address: _____

Phone: _____

CPR Class Date Requested: _____

Email: _____

Please register for the CPR class as soon as possible and send registration form to:
admin@bloomingdalefire.com or mail to Bloomingdale Fire District, 179 S.
Bloomingdale Road, Bloomingdale, 60108

\$50.00 – cash or check – payment due with registration form or one week prior to class at the latest. We will email you to confirm class.

For office use:

Registered by: _____

Date of Class: _____ Time: 6- 10 PM