

REQUEST FOR MEDIC FIRST AID® CPR/First Aid/AED CLASS
Michigan

Please fill out this form to request a MFA Class for your chapter. Include the proper signatures and your choice of dates for the class. Please fill in all contact information and mail to:

Steve Gates, Michigan MFA Coordinator
18851 E US 12
White Pigeon, MI 49099
spgates59@gmail.com

Please submit form 30 days before earliest requested class date.

COST: \$25.00 per Student

**Pre-payment for class (by Chapter check payable to *MI Rider Education*)
must be received 14 days prior to class date.**

Please Print. This form **must** be legible. Thank you.

Chapter: _____

Location of Class: _____

Contact Information:

Contact Person Name: _____
Please Print

Address _____ City _____ Zip _____

Phone _____ E-mail _____

Cell Phone (for getting last minute info the day of the class) _____

Chapter Educator Approval:

Chapter Educator Name: _____
Please Print

Chapter Educator Signature: _____

Chapter Director Approval:

Chapter Director Name: _____
Please Print

Chapter Director Signature: _____

Requested Dates- Please list all three –

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Number of students expected: _____

Name of Instructor(s): _____

Approved by: _____

Date of Approval: _____

Date of Class: _____