



# FIRST AID AND CPR CLASSES TRAINING REQUEST

## MEMBER SIGN-UP SHEET

Please Print Clearly

Full Name: \_\_\_\_\_

Employee/Member No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### TRAINING DATE PREFERENCE

CLASS DATE: \_\_\_\_\_ CLASS LOCATION: \_\_\_\_\_

CLASS DATE: \_\_\_\_\_ CLASS LOCATION: \_\_\_\_\_

### CANCELLATION POLICY:

Local 99 wants to ensure as many members as possible are scheduled and classes are filled to capacity. If you are unable to attend, please notify Local 99 at least **3 business days before** the training date. Except for emergencies, if you fail to notify Local 99 that you are unable to attend, you will **NOT be able to register** for a CPR/First Aid training through Local 99 for **six (6) months**. By submitting your request, you indicated that you have read, understand and accept the cancellation policy. The contact information you provide will be used by Local 99 and the American Red Cross to provide you updated information on classes and your certificate. Please make sure you keep this information up-to-date and accurate. As a member of Local 99, this training is being provided to you free of charge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY			
VERIFIED MEMBER:	ASSIGNED CLASS:	NOTIFIED MEMBER:	STAFF INITIALS: