

Lifesavers First Aid Training Ltd.



Student Enrolment Form

Student Information

Given Name (first):	Surname (Last):	
Address:	City/Province:	Postal Code:
Daytime Telephone:	E-mail:	

Method of Payment: Please check one

Visa M/C Cheque Cash Invoice Company

For your credit confidentiality, we will contact you for your Visa/MC number

Course Information

Today's Date:		
Name of Course:	Course Date:	Course Time:

Company Information (If being billed)

Company Name:	Contact Person:
Address	Telephone Number: Extension:
City/Province:	Postal Code:

Please send this form by e-mail, mail or fax to:

Lifesavers First Aid Training
439 Cassiar Street Prince George BC V2L 1X7
Phone: 250-562-1238 Fax: 250-562-1236
Email: lifesavers@telus.net

You are not registered until fees are received or guaranteed