

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

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:

Rick & Leah Cridlin, Kentucky District Educator
1601 Drake Ct.
Hebron, Ky. 41048
ky_rider_ed@yahoo.com

Please submit form 30 days before earliest requested class date.

COST: \$30.00 per Student

Pre-payment for class (by Chapter check payable to *GWRRA of Kentucky*) 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: _____