



# FIRST AID BOOKING FORM

**SECTION A: Please complete this section when initially requesting your First Aid class.**

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CLUB: \_\_\_\_\_

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**The cost of this session should be billed to:**

Name/Club/County: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SECTION B: Please complete after you have received confirmation of your course and no later than 1 week prior to your class date.**

	<i>Participant Name</i>	<i>Type of Participant</i>	<i>Phone Number</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Complete and return this form by email to [info@4hnovascotia.ca](mailto:info@4hnovascotia.ca) or by fax to 902-843-3989.**

**Payment Instructions:** The above-noted club/county will be invoiced by 4-H Nova Scotia after completion of the course.