

City of Zion

FIRE & RESCUE DEPARTMENT

1303 27TH STREET ZION, ILLINOIS 60099 (847) 746-4040 (847) 746-4035 "FAX"



"Historic Past - Dynamic Future"

CPR Course Registration

	Ci il Course	registration		
CPR courses at the Zion Fire and Rescue D guidelines set forth by the AHA.	epartment are conducted	d by certified instructors in accordar	nce with curriculum and	
Cancellation is required at least 24 hours course based on availability. If you do no sarais@zion.il.us.	=			
I have read and understand the cance	llation requirements.			
NOTE: Your registration is not complete u	until this form and payme	nt have been returned to the Zion F	ire and Rescue Department.	
Registration Fees Fees must be paid at the time of registrat of payment. Please make checks payable		ey order, and cash (exact change pr	eferred) are acceptable forms	
BLS Full Class	ert. within the last two your sert.	ears)	\$35 resident, \$40 nonresident \$20 resident, \$35 nonresident \$60 resident, \$80 nonresident \$20 resident, \$35 nonresident	
Applicant Information				
Full Name		Date		
Street Address	City	State	Zip Code	
Phone Number		E-Mail Address		
Registration for: BLS Full Class	BLS Renewal	BLS Heartcode (Hands-On Session)	
Heartsaver CPR/AED/First Aid (Full Cla	ss) Heartsaver CPR/A	ED/First Aid (Hands-On Session)		
Heartsaver Pediatric CPR/AED/First Aid	វ (Full Class)			
Requested Course Date and Time:		Total Number of Participants:		
Official Use Only		Payment Amount \$	cash Check	

NOTE: Please retain a copy of this form as your receipt and proof of registration.

Fire Department Member Taking Information (please print)