



Community CPR Registration Form

Please print and return completed registration forms and \$15.00 fee to:

*Wickliffe Fire Department
29885 Euclid Avenue
Wickliffe, Ohio 44092*

Course Offered:

Heartsaver CPR/AED- Adult/Child/Infant

Group name (if applicable): _____

Name: _____

Address: _____

Phone#: _____

E-mail: _____

Requested Training Date: _____

Number of persons attending: _____