

# 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](mailto:lifesavers@telus.net)

\*You are not registered until fees are received or guaranteed\*