

REQUEST FOR MEDIC FIRST AID® CPR/First Aid/A.E.D CLASS Michigan

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 Steve Gates, Michigan MFA Coordinator, 18851 E US 12, White Pigeon, MI 49099. pgates@kresanet.org **COST: \$20.00 per Student**

Please submit form 30 days before requested class date.

Please Print. This form **must** be legible. Thank you

Chapter _____

Location of Class _____

Chapter Director _____

Please Print

Signature

Address *City* *Zip*

Phone *E-mail*

Chapter Educator _____

Please Print

Signature

Address *City* *Zip*

Phone *E-mail*

Requested Dates 1st Choice _____

2nd Choice _____

3rd Choice _____

Number of students expected _____

Approved by: _____

Date of Approval: _____

Date of Class: _____