

**REQUEST FOR MEDIC FIRST AID® CPR/First Aid/AED 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  
[spgates59@gmail.com](mailto:spgates59@gmail.com)

**Please submit form 30 days before earliest requested class date.**

**COST: \$20.00 per Student**

**\$25.00 per Student after November 1, 2011**

**Pre-payment for class (by Chapter check payable to *MI Rider Education*)  
must be received 14 days prior to class date.**

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

**Chapter:** \_\_\_\_\_

**Location of Class:** \_\_\_\_\_

**Contact Information:**

Contact Person Name: \_\_\_\_\_

Please Print

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone (for getting last minute info the day of the class) \_\_\_\_\_

**Chapter Educator Approval:**

Chapter Educator Name: \_\_\_\_\_

Please Print

Chapter Educator Signature: \_\_\_\_\_

**Chapter Director Approval:**

Chapter Director Name: \_\_\_\_\_

Please Print

Chapter Director Signature: \_\_\_\_\_

**Requested Dates-** Please list all three –

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Number of students expected: \_\_\_\_\_

Name of Instructor(s): \_\_\_\_\_

Approved by: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Date of Class: \_\_\_\_\_