

**REQUEST FOR MEDIC FIRST AID® CPR/First Aid/AED CLASS**  
**Michigan GWRRA**

Please fill out this form to request an MFA class for your chapter. Include the requested signatures and three possible dates for the class listed by preference. After filling in all contact information, mail to:

Gary Williams, MI MFA Coordinator  
1146 Scarlet Oak East  
Jackson, MI 49201  
E: [spankyncarol@juno.com](mailto:spankyncarol@juno.com)

**Please submit this form at least 6 weeks before the earliest requested class date.**

**COST: \$25.00 per Student**

**Pre-payment for class must be received 14 days prior to class date.**

**Make Chapter check payable to: MI GWRRA Rider Education**

**Please Print** (except where a signature is requested). 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 last minute info the day of the class) \_\_\_\_\_

**Chapter Educator Approval:**

Chapter Educator Name: \_\_\_\_\_ *Signature:* \_\_\_\_\_  
Please Print

**Chapter Director Approval:**

Chapter Director Name: \_\_\_\_\_ *Signature:* \_\_\_\_\_  
Please Print

**Requested Dates:** Please list three choices by preference. We will try to schedule your first choice but we need alternatives in case of conflicts.

1<sup>st</sup> Choice: \_\_\_\_\_ **Number of students** expected: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ (NOTE: More than 12 students *requires* 2 instructors.)

3<sup>rd</sup> Choice: \_\_\_\_\_ (Minimum of 6, maximum of 24 students per class.)

Names of Instructors: \_\_\_\_\_

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

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

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