

CLASS REGISTRATION FORM

To register for a class, please complete this form and mail, fax, or hand deliver it to our office with your payment:

AMERICAN RED CROSS

Lebanon County Chapter

1220 Mifflin Street

Lebanon, PA 17046

Phone: 717-273-2671

Fax: 717-273-4201

Website: www.lebanonredcross.org

Course #: _____

Course Name: _____

Course Date: _____

Course Price: _____

Payment Type:

Cash _____

Check # _____

Credit Card VISA or MasterCard ONLY

Cardholders Name: _____

Type Card: _____

Number: _____

Exp. Date: _____

PARTICIPANT:

Name _____

Address _____

Home Phone _____

Work Phone _____

E-mail _____

Fax _____

**** All courses must be prepaid. Employer paid programs must be pre-approved. ****

**** If you have any questions about the classes listed on the course schedule, please contact the Health Services Department at 717-273-2671. ****