

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

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

Gary Williams, MI MFA Coordinator
1146 Scarlet Oak East
Jackson, MI 49201
spankyncarol@juno.com

Please submit this form 6 weeks before 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: GWRRA DISTRICT-MI.

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 _____

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.

1st Choice: _____ **Number of students** expected: _____

2nd Choice: _____ (NOTE: More than 12 students *requires* 2 instructors.)

3rd Choice: _____ (Minimum of 6, maximum of 24 students per class.)

Names of Instructors: _____

Approved by: _____

Date of Approval: _____

Date of Class: _____