

**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](mailto: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
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\_\_\_\_\_

Phone	E-mail
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**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: \_\_\_\_\_