# 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 signature and three possible dates for the class listed by preference.

Mail to:

**Dennis & Felicia Schulte, MI District Educators 1498 Sand Beach Road**

**Bad Axe, MI 48413**

[michridered@gmail.com](mailto:michridered@gmail.com)

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

**COST: $25.00 per Student**

**AFTER CLASS DATE IS DETERMINED the chapter requesting class will be notified. Participants can then send payment to reserve their spot. Pre-payment for class must be received 14 days prior to class date. Make Chapter check payable to: GWRRA DISTRICT- MI. Your spot in the class is first come first serve. Payment is required to get your name on the class roster. Mail checks to:**

**Michigan MFA Coordinator Gary Williams**

**1146 Scarlet Oak East Jackson, Michigan 49201**

**Please Print**. (except where a signature is requested) This form ***must*** be legible. Thank you! **Chapter Requesting MFA Class: 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.)

Name(s) of Instructors:

Approved by: Date of Approval: Date of Class:

Revised 3/20/2022