Training form for **Individuals**

(Please fill out one training form per person, per class)

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| --- |
| Name |
| Address |
| City State Zip |
| Email |
| Cell Phone |
| Home Phone |
|  |
| Class |
| Date |
| Time |
| Location: Wise Choices in Learning |
| Address: 352 Griswold Road |
| City: Elyria State: Ohio Zip: 44035 |
|  |
| Payment method: Credit Card Debit Card Pay Pal |
|  |
| All certificates will come via email from the American Red Cross. |
|  |
| Would you like a 2-year reminder to be recertified every 2 years?  Yes No |
|  |
| *See you in class. Thank You.* |