



Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



Community CPR Class

PRE-REGISTRATION REQUIRED

(Register online @ www.ci.norwalk.ia.us, Parks and Recreation office, or by mail)

This classroom-based, video and instructor-led course is for friends, families and members of the community who want to learn CPR but do not need a course completion card. It contains information on how to perform the basic skills of CPR in adults, children and infants and how to help an adult, child or infant who is choking. Those needing a CPR completion card (certification) may contact the Fire Department at 515 -981-4316 or 515-681-9321 for class availability.

Dates

Registration Dates: July 19 to July 30

Program Dates: Aug 7

Program Times: 9:00 am to 12:00 pm

Information

Cost: \$10.00

Location: Public Safety Bldg Training Room

Instructor: Jen Vetterick

Min/Max Couples: 6/12



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name:	First <input type="text"/>	MI <input type="text"/>	Last <input type="text"/>
Spouses Name:	<input type="text"/>		
Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>	IA <input type="text"/>	<input type="text"/>
Daytime Phone #:	<input type="text"/>	Type:	<input type="text"/>
Evening Phone #:	<input type="text"/>	Type:	<input type="text"/>
Cell Phone #:	<input type="text"/>	Preference:	<input type="text"/>
Email Address	<input type="text"/>		

Contact Information:

Contact	<input type="text"/>		
Phone	Daytime <input type="text"/>	Evening <input type="text"/>	Cell <input type="text"/>

Activity Information:

Program	<input type="text" value="Community CPR"/>	Registration Fee	<input type="text" value="\$10.00"/>	Late Fee	<input type="text"/>
---------	--	------------------	--------------------------------------	----------	----------------------

Financial Assistance Donation:

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You
(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

FOR OFFICE USE ONLY:

PAID _____	CK# _____	CASH _____	By: _____
Credit Card _____	Number _____	Expires _____	