**TITLE ONE COMMITTEE PRESENTS**



 **![C:\Users\Admin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\ARSD6IU1\cpr-2[1].jpg]()** 

**Program:** **HEARTSAVER ADULT/CHILD 4 HOURS**

 **(Certification – valid 2yrs)**

**Date: Saturday, February 11, 2017**

**Time: 10:00am – 2:00pm**

**Location: Pablo Casals MS 181**

**If you would like to register for this training, please return the bottom portion to the Parent Coordinator, Ms. Brucia. Room 166**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YES**, I would like to register for the CPR Training on Saturday, Feb.11, 2017. I understand that a valid ID will be necessary for certification.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_