**TITLE ONE COMMITTEE PRESENTS**



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**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**

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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_