

Greater Carolinas American Red Cross
Health & Safety Department - **Registration Form**
(Must be mailed at least 14 days prior to class start date)

Name: _____

Street Address: _____

City, State: _____

Zip code: _____

Daytime Phone: _____

Alternate Phone: _____

*E-mail address: _____

I wish to enroll in the following class(es):

Class Title: _____

Class ID #: _____ Cost: _____ Date: _____

Location: _____

Class Title: _____

Class ID #: _____ Cost: _____ Date: _____

Location: _____

For participants under the age of 18, please provide Emergency Contact information:

Name: _____

Emergency Phone Number: _____

Payment Information:

Check or money order enclosed VISA MC AMEX

Total amount: _____

Credit/Debit Card number _____ Expiration Date: _____

Name on Card: _____

Signature: _____

****Email Confirmation:*** Upon receipt of payment confirmation, information will be sent via e-mail for the specific class date(s) as listed on this form. Any changes to registration must be made by calling (704)347-8214.
