

**FIRST AID APPLICATION-  
Please submit to Guide House**

**INDIVIDUAL AND GROUP**

Type of Course requested:

Emergency (1 day) \_\_\_\_\_

Standard (2 day) \_\_\_\_\_

OTHER TYPE \_\_\_\_\_

Recertification \_\_\_\_\_

(Course are half the time of full courses)

- Must submit previous cert. or course #

- To qualify you must have an active 1<sup>st</sup> Aid in imis  
(no back to back recerts. are allowed)

Course Location: \_\_\_\_\_

Civic address: \_\_\_\_\_

Preferred Course Date: \_\_\_\_\_ Contact Name for the Course: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

Area / District: \_\_\_\_\_

	Imis	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

• **Please see the Refund / Cancellation policy on Information Sheet**

• Payment Due \_\_\_\_\_

• Payment Notes: \_\_\_\_\_

