

Health & Safety Course Registration/Confirmation

PLEASE BRING YOUR REGISTRATION/CONFIRMATION SHEET AND RECEIPT TO YOUR CLASS

Please verify the spelling of your name and the date(s), day(s), and time(s) of your training. If you find something different than you requested, please contact the office immediately at (661) 324-6427.

STUDENT'S PAYING:

PREPARED BY: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Mr./Mrs./Ms./Miss) (PLEASE PRINT ALL INFORMATION)

Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Course	Day(s)	Date(s)	Time(s)
Course Fee \$ _____	Type of Payment : Cash _____	Check # _____	Charge _____
_____ Visa	_____ MasterCard	_____ Discover	_____ American Express
Card Number _____ - _____ - _____	Expiration Date _____	(Mo/Yr)	
Card Holder's Name _____	ZIP Code _____	V code _____	

COMPANY'S PAYING:

Contact Person's Name: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student's Name(s):

1) \_\_\_\_\_

3) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

INVOICING:

INVOICED DATE: \_\_\_\_\_

Individual or Company's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Contact to Invoice: \_\_\_\_\_

Direct Phone #: \_\_\_\_\_

Title/Dept. \_\_\_\_\_

Fax #: \_\_\_\_\_

**NO REFUNDS GIVEN, UNLESS APPROVED!**

Please Email Gaby Tamayo (Health & Safety Director) at [gtamayo@kernredcross.org](mailto:gtamayo@kernredcross.org) or fax registration form to 661/321-0744.