

**WPD AMBULANCE CARE**



*Serving Roosthern, the Battlefords and Lloydminster*

# Course Registration Form

Please complete all areas of this form. Registration for the course requested will not be accepted until payment has been received by our administration staff. You will receive confirmation of acceptance to the course giving all course details. Failure to complete all required information may result in your application being rejected.

**Please indicate what course you are interested in: (Please check the corresponding box)**

Standard 1<sup>st</sup> Aid/CPR  CPR "C" Health Care Provider  First Responder  Emergency Medical   
Responder

**If interested/enrolled in Standard 1<sup>st</sup> Aid CPR please mark the following monthly courses you're interested/enrolled in for 2017:**

Employer Mandatory Course  (name of employer) \_\_\_\_\_

January 20-21<sup>st</sup>  February 18-19<sup>th</sup>  March 20-21<sup>st</sup>  April 15-16<sup>th</sup>  May 15-16<sup>th</sup>  June 10-11<sup>th</sup>   
July 29-30<sup>th</sup>  August 5-6<sup>th</sup>  September 23-24<sup>th</sup>  October 21-22<sup>nd</sup>  November 18-19<sup>th</sup>   
December 4-5<sup>th</sup>

**Customer Information (Please Complete Entire Section)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_

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

**Course Fee's**

Standard 1 <sup>st</sup> Aid/CPR	<b>\$150.00</b>
CPR "C" HCP	<b>\$90.00</b>
First Responder	<b>\$450.00</b>
Emergency Medical Responder	<b>\$900.00</b>

Please email or fax completed registration forms to:

WPD Ambulance (North Battleford)  
1072 103<sup>rd</sup> street  
North Battleford ,SK S9A 3L8  
(306)446-7305 or fax (306)445-4622

[www.wpdambulance.com](http://www.wpdambulance.com)

Email: clayton.lazar@wpdambulance.com