

WHAC LIFEGUARD TRAINING REGISTRATION

NAME: _____

HOME ADDRESS: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL: _____

Signature

Registration for: Lifeguard Training: \$190 _____

Lifeguard Recert: \$60 _____

CPR Recert: \$30 _____

PAYMENT:

Check number: _____

Dated: _____, 20____

Credit Card Payment:



Card No. _____ Exp Date ____ / ____

Cardholder Name: _____

Billing Address: _____ ZIP _____

Amount: _____