

REGISTRATION FORM
CPR for the Professional Rescuer/AED/FA
Challenge Course

Name _____

Mailing Address: _____
Street City, & Zip

Email: _____

Phone _____

_____ Cost \$70 Registration fee CPR/AED/FA

Make checks payable to Shaker High School.
Money Due with this registration form to Mrs. Kippen by
Friday May 28th, 2021.

We will not accept registration forms after May 28th.

**Please mail form and check to school or drop off at
Athletic Office. 445 Watervliet Shaker Rd, Latham, NY
12110.**