



LONGMONT FIRE DEPARTMENT

HEARTSAVER FIRST AID / CPR REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____ Phone _____

Class you are enrolling: CPR _____ First Aid _____

Date of class: _____

Reason why you are taking this class: _____

How you learned about this class: _____

This registration form, along with the \$35 fee per class, must be received by the Longmont Fire Department 10 days prior to the class date.

Staff is based on the number of registrants. Registration fee is non-refundable if you fail to show up for the class. **CLASS SIZE LIMITED TO 12 STUDENTS, ENROLL EARLY.**

Please send registration form and check made out to "Longmont Fire Department" to:

Longmont Fire Department
c/o Training Division
225 Kimbark Street
Longmont, CO 80501