



FIRST AID BOOKING FORM

LEADER NAME: _____ CONTACT PHONE #: _____

COUNTY: _____ CLUB: _____

LOCATION: _____

DATE: _____ TIME: _____

TYPE OF CLASS: _____

OF 4-H MEMBERS/LEADERS ATTENDING: _____

OF NON 4-H STUDENTS ATTENDING: _____

OF NON 4-H ADULTS ATTENDING: _____

PLEASE PRINT NAMES OF ATTENDEES AS THEY SHOULD BE PRINTED ON CERTIFICATE:

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

<i>Type</i>	<i>Number of Participants</i>	<i>Cost per Participant</i>	<i>Total Cost</i>
<i>4-H Member/Leader</i>		45.00	
<i>Non 4-H Student</i>		76.50	
<i>Non 4-H Adult</i>		90.00	
		TOTAL COST	

The cost of this session should be billed to:

Name/Club/County: _____

Address: _____

Contact Email: _____ Phone #: _____

Please complete and return this form to 4-H Nova Scotia.

By Mail: 60 Research Drive
Bible Hill, NS B6L 2R2

By Email: carolyn@novascotia4h.ca
By Fax: 902-843-3989

Please note that all registration and payments are to be sent to 4-H Nova Scotia, do not register or pay directly to St. John's Ambulance.