



**American  
Red Cross**  
Firelands Chapter

**STUDENT REGISTRATION FORM**

Course(s): \_\_\_\_\_ SABA ID #(Office use only) \_\_\_\_\_

Date(s) & time of course(s): \_\_\_\_\_

Student Name: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Needed for notifications)

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Payment Method: Credit Card\* \_\_\_\_\_ Check No. \_\_\_\_\_

(Payment must be received at least 2 business days prior to the class)

\*Name on Credit Card: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ PIN #: \_\_\_\_\_

Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ Other: \_\_\_\_\_

Please Note: Class payment and this form must be received at least 2 business days in advance of the class.

Mail Registration form with payment to: American Red Cross, Attn: Health & Safety, 300  
Central Avenue, Sandusky, OH 44870