

**Warrenville Fire Protection District CPR Application**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE OF CPR CLASS \_\_\_\_\_

Please indicate below the CPR Class that you are interested in taking:

- \_\_\_\_\_ Heartsaver / First Aid \$85
- \_\_\_\_\_ Health Care \$55
- \_\_\_\_\_ ReCert Healthcare \$55
- \_\_\_\_\_ Friends & Family \$35

Please Mail or Drop Off this form along with a check at least 1 week before the class is to be taken. Make checks payable to Warrenville Fire Protection District. If you have any questions, please call Debra or Beth at 393-1381.

MAIL: P.O. Box 51, Warrenville, IL 60555  
DROP OFF: 3S472 Batavia Road, Warrenville