

Topic of Class _____

Sponsoring District _____

Date of Class _____

Class Instructor _____

Time of Class

PLEASE PRINT NAME

From: _____ am/pm

Check here to request certificates of completion

To: _____ am/pm

for participants

Describe Content of Class: _____

PARTICIPANT NAME (PLEASE PRINT)	PARTICIPANT SIGNATURE (PLEASE SIGN-IN)
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Instructor's Signature _____

Send one copy of this completed form to:

Dane County EMS
Public Safety Bldg
115 W Doty St Rm 2107
Madison, WI 53703-3202