

REGISTRATION FORM

LIFEGUARD TRAINING

First Name _____ Last Name _____

D.O.B. _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____

E-mail Address _____

Dates | Time: Monday - Friday | March 5 - 9, 2012

9:00 AM - 3:00 PM

Location: Halenbeck Hall Pool at St. Cloud State University

*Please park in M-Lot and enter through door #1

Cost: \$170 | Price includes all necessary materials

Mailing Address:
Campus Recreation
Attn: Aquatics
720 4th Ave South
St. Cloud, MN 56301

Also....
Please make checks payable to
St. Cloud State University

Total amount enclosed \$ _____