American Red Cross - Westchester County Chapter

Student's Name: _____

Street Address: _____

City/State/Zip: _____

Daytime Phone: _____ **Evening Phone:** _____

E-mail address: _____

Course #: _____ **Time(s):** _____

Course Date (s): _____

Course #: _____ **Time(s):** _____

Course Date (s): _____

Course #: _____ **Time(s):** _____

Course Date (s): _____

Student Signature: _____

_____

(Parent or Guardian Signature if student is under 18)

METHOD OF PAYMENT

Visa MasterCard American Express Discover Cash Check Purchase Order

Card Holder's Name: _____

Card#: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date:** ☐☐☐☐☐☐

Purchase Order #: _____ **Check #:** _____ **TOTAL:** $ _____

(Payable to: *American Red Cross*)

OFFICE USE ONLY

In-person/Faxed/Mailed *Date Payment Processed* _____ *Date Receipt Issued* _____

Student on Roster _____

Class Name/ID# _____

Class Name/ID# _____

Class Name/ID# _____