

Office Use Only Course Number:

Private Course Registration Form

Thank you for choosing St. John Ambulance as your First Aid provider.

	Today's Date:		
Girl Guides of Canada- NS Members			
32 Glendale Ave unit 1, Lower Sackville, NS B4C 3M1			
ns-executiveassistant@girlguides.ca	Cell Phone:		
Billing Information (if different from company information)			
as above			
Girl Guides - NS	Billing Contact Name:		
ns-ap@girlguides.ca	Work Phone:		
	32 Glendale Ave unit 1, Lower ns-executiveassistant@girlguides.ca ent from company information) as above Girl Guides - NS	Girl Guides of Canada- NS Members 32 Glendale Ave unit 1, Lower Sackville, NS B4C 3I ns-executiveassistant@girlguides.ca Cell Phone: ent from company information) as above Girl Guides - NS Billing Contact Name:	

Contact Name: District Organizer		Contact: Cell Phone #	Contact email:
Contact Name. District Organizer			Contact cinali.
Certificates-name &			
address to be mailed:			
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Course Information- Private Group Booking (min 10, max 18 attendees) Fill in all Information			
Course Type:		Number of Students	
SFA/CPC-2 day in class		(10 minimum is req'd/ 18 maximum)	
SFA/CPC Blended		Please complete page 2	
Other:		Course Start Time:	
(if not listed)			
		Laptop and Projector Available:	
Course Location:		Mileage Approved (if applicable):	
If different from		Rate-\$0.42/KM over 50km	
company information		Parking Available:	
(Room requirements:			
laptop, projector and		Parking Fee Approved	
whiteboard or		(if applicable):	
flip-chart) Date(s) Requested		Specific Instructor Requested:	
· · · ·			20 minutas 🔿
Please list alternative		Lunch:	30 minutes
dates:			õ
			60 minutes

Cancellation Policy

Classes which are cancelled more than 15 business days prior to the scheduled start date, will be subject to a \$40 (+ Tax) administration fee. Cancellations within 15 business days of the scheduled start date, will be charged 50% of the cost of training (based on the minimum number of students required and any additional fees incurred (ie, travel, accommodations, etc)

By checking this box, I acknowledge that I have read SJA's Cancellation Policy listed above.

Name:	
Signature:	
Date:	





The following MUST be completed and submitted with pages 1 & 2:

Contact name:	
Email address for above:	
Contact Phone # / Cell Phone #	
Area / District	
Unit level Unified Banking Code:	

Attendee Information:

Name of Attendee	IMIS #	Unit	District	Birthdate	Email

