

# CRAWFORD COUNTY EMS

## CLASS REGISTRATION FORM

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Class for which you are registering: \_\_\_\_\_

Date of Class: \_\_\_\_\_

E-Mail:

Contact Information:

Preferred method of contact: pick one

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

Cell #: \_\_\_\_\_

Classes will begin promptly at the time posted.

Payment is accepted via US Mail at: CCEMS  
P.O. Box 292  
Girard, Ks. 66743

**or at our Physical Location: CCEMS Station 2  
270 Industrial Drive  
Frontenac, Ks. 66763**

**Office Hours: 0900-1600 Monday-Friday (except holidays)  
Print and mail this form or fax to 620-231-1781.**