Training Registration Form

Training Date and Trainer Name: ________________________________________________________

Name: ____________________________________________________________________________

City/County and Zip Code: ____________________________________________________________

Phone Number: _____________________________________________________________________

Email address: _____________________________________________________________________

Age group: (please circle): 17 or younger  18-20  21-29  30-39  40-49  50-59  60 or older

Gender (please circle):    Male    Female    Other

Race (please circle one below):
American Indian/Alaska Native Asian    Black/African American
Native Hawaiian/Pacific Islander    White    Multiracial    Declined

Do you consider yourself Hispanic/Latino (please circle):    Yes    No

How did you hear about this training? __________________________________________________

_________________________________________________________________________________

Why are you attending a REVIVE! training event? (please circle):

Help others/save lives/be prepared    Interested in learning new skills /certifications

Requirement (job/school/court)    Other ____________________________________________

Would you be willing to train others (please circle)?    Yes    No