



LifeguardLongisland.com

Training Course Registration Form – check to include in advertisement

Contact Name: _____

Mailing Address _____

Telephone: _____

Telephone: _____

Email: _____

Fax: _____

Website: _____

Other Contact Info: _____

Date and Time of Course: _____

Location of Course: _____

Directions to Location: _____

Registration Procedure: _____

Registration Location: _____

Directions to Registration: _____

Cost of Course: _____

Specific Requirements (age, residency, certifications, etc.) _____

Certifying Agency: _____

Mail this form to LifeguardLongIsland.com PO Box 478 Stony Brook, NY 11790

Enter Promotion Code: _____