


Castor Canada Safety Training

Course Registration Form

For Individuals

Last Name:		First Name:	
Street Address:		Apt No:	
City, Town:		Postal Code:	
Telephone (C)	(H)		
		Email:	
Have you previously received First Aid or CPR training? yes <input type="checkbox"/> no <input type="checkbox"/>			
If yes, Agency:		Course #:	Expiry Date:
I am applying For:			
<input type="checkbox"/>	CPR Training Level A or B	\$ 55.00	(+GST)
<input type="checkbox"/>	CPR Training Level C	\$ 70.00	(+GST)
<input type="checkbox"/>	CPR Level C Recertification	\$ 60.00	(+GST)
<input type="checkbox"/>	Emergency First Aid Level A CPR	\$ 80.00	(+GST)
<input type="checkbox"/>	Standard First Aid Training Level A CPR	\$ 110.00	(+GST)
<input type="checkbox"/>	Standard First Aid Training Level C CPR	\$ 120.00	(+GST)
<input type="checkbox"/>	Standard First Aid Recertification	\$ 80.00	(+GST)
<input type="checkbox"/>	WHMIS Training	\$ 60.00	(+GST)
<input type="checkbox"/>	Fall Protection Training	\$ 60.00	(+GST)
Course Dates: _____		TOTAL COURSE FEES \$ _____	
		Amount Enclosed \$ _____ (Inc GST)	
<i>Make cheques payable to Castor Canada</i>			
COURSE FEES			
A Non-Refundable fee for the above chosen course must be paid before attending any training. Fees can be paid by cash, chequ or Paypal. When you arrive for registration you are expected to show proof of Identity.			
VERY IMPORTANT READ CAREFULLY			
I understand that by registering for this course I intend to attend the course described in the above and follow the rules of CCST. Course dates and locations are subject to change without notice.			
_____		_____	
Signature		DATE	
			
CCST (O) 01-08a			