


# Castor Canada Safety Training

## Course Registration Form

For Groups

Company Name:		Contact Name:
Street Address:		Unit 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:
<b>I am applying For:</b>		
<input type="checkbox"/>	CPR Training Level A or B	\$ 55.00 x _____ people
<input type="checkbox"/>	CPR Training Level C	\$ 70.00 x _____ people
<input type="checkbox"/>	CPR Level C Recertification	\$ 60.00 x _____ people
<input type="checkbox"/>	Emergency First Aid Level A CPR	\$ 80.00 x _____ people
<input type="checkbox"/>	Standard First Aid Training Level A CPR	\$ 110.00 x _____ people
<input type="checkbox"/>	Standard First Aid Training Level C CPR	\$ 120.00 x _____ people
<input type="checkbox"/>	Standard First Aid Recertification	\$ 80.00 x _____ people
<input type="checkbox"/>	WHMIS Training	\$ 60.00 x _____ people
<input type="checkbox"/>	Fall Protection Training	\$ 60.00 x _____ people
<b>Course Dates 1:</b> _____		<b>TOTAL COURSE FEES \$</b> _____
<b>Course Dates 2:</b> _____		<b>Amount Enclosed \$</b> _____ <b>(Inc GST)</b>
<i>Make cheques payable to Castor Canada</i>		
<b>Participants Names:</b>		
1 _____	7 _____	13 _____
2 _____	8 _____	14 _____
3 _____	9 _____	15 _____
4 _____	10 _____	16 _____
5 _____	11 _____	17 _____
6 _____	12 _____	18 _____
<b>VERY IMPORTANT READ CAREFULLY</b>		
A Non-Refundable fee for the above chosen course must be paid before attending any training. Fees can be paid by cash, cheque or Paypal. When participants arrive for registration they are expected to show proof of Identity. Course dates and locations are subject to change without notice.		
_____		_____
Signature		DATE
		CCST (O) 02-08a