

GENEVA FIRE DEPARTMENT  
CPR REGISTRATION FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Full Certification

Recertification

Cost: \$50

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

**Classes require a minimum of 5 participants.**

If minimum is not reached one week before scheduled class, class will be cancelled and registration returned via mail.

We accept EXACT cash, money orders and personal checks made payable to:  
**Geneva Fire Department EMS**

***Classes will be held at:***

Geneva Fire Department – Headquarters Station  
200 East Side Dr. Geneva, IL 60134  
6:30 PM

**PLEASE NOTE:**

ALL payments and registration must be done at the Geneva Fire Department Headquarters Station located at: 200 East Side Dr (Just north of CVS Pharmacy) **NO LATER than 4:00 PM one week before class.**

Any questions, please contact the Geneva Fire Department at: 630-232-2530.

For Fire Department Use Only Payment Received: Cash _____ or Check# _____
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