

Star of Life Academy, Inc.

EMT-Basic Course Registration Form

Name: _____

Address: _____

City: _____

State & Zip: _____

Email or Contact Number: _____

Class registering for: _____

Amount Enclosed: _____ or

Check if Department Sponsored _____ Department Name

Mail to:
Star of Life Academy, Inc.
7 Baldwin Hill Road
Phillipston, MA 01331