



Enrollment Form:

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Contact Phone Number: _____

Course Information:

Course Name: _____ Course Date: _____

Company / Band Name (if being billed): _____

Address: _____

Contact Person: _____

Phone number: _____

Method of Payment: Cheque _____ Cash _____ PO # _____

Please Mail or email your course registration and payment to:
All payment to: **Solstice Recreation Group**

Solstice First Aid
PO Box 53
Quathiaski Cove BC
V0P 1N0

Ph: 250-218-1513 Email: solsticefirstaid@hotmail.com
www.solsticefirstaid.ca

