## Mental Health First Aide Certification

# REGISTRATION FORM

|  |
| --- |
| (Please Print) |
| Date of Event: June 24, 2017 | Time: 9:00 am to 5:30 pm |
| PArticipant INFORMATION |
| Last Name: | First: | Middle: | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
|  | Single / Mar / Div / Sep / Wid |
| Is this your legal name? | If not, what is your legal name? | (Former name): | Birth date: | Age: | Sex: |
| ❑ Yes | ❑ No |  |  |  / / |  | ❑ M | ❑ F |
| Street address: | Home phone no.: |
|  |  | ( ) |
| P.O. box: | City: | State: | ZIP Code: |
|  |  |  |  |
| Occupation: | Cell phone no.: |
| E-mail Address: | ( ) |
| In Case of an Emergency Please contact: |  |
| ❑ Family | ❑ Friend | ❑ other |  |
| Comments or dietary restrictions: |  |

Location: Grace Presbyterian Church 2604 Banister Road Baltimore, MD 21215 410-466-4000 http://gracepresbymd.weebly.com

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| ❑ Yes | ❑ No |  |  |  / / |  | ❑ M | ❑ F |
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