



American Red Cross

MWV Chapter of the American Red Cross
PO Box 388
North Conway, NH 03860
Ph: 603-356-2726
Fax: 603-356-4485

RED CROSS CLASS REGISTRATION FORM

Name of Registrant _____

Address _____

City, State, Zip _____

Phone Number _____

Name of Class _____

Date(s) of Class _____

Location of Class _____

Payment must accompany registration.

Check Enclosed: Check # _____ (Please make check payable to
American Red Cross)

Credit Card Information: MC _____ Visa _____ AmEx _____

Credit Card # _____ Exp Date _____ / _____
MM YYYY

Name as it Appears on Card (print) _____

Cardholder Signature _____

***MAIL to the address above with your check or credit card information
or
FAX with credit card payment.***

THANK YOU!