

# Registration Form

Full Name: \_\_\_\_\_ **Last 4 digits SSN:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School District\*: \_\_\_\_\_ Building: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

(\*School District is the District you Coach For)

<b>X</b>	<b>For Each Registered Course Listed</b>	<b>Course Dates Requested</b>	<b>Course Fee</b>	<b>AD Initials When District Pays</b>
	CPR/AED	July 29, 2024	\$125. pp	
	First Aid (Initial)	July 31, August 1 & 2, 2024	\$250. pp	
	First Aid Refresher	July 30, 2024	\$150. pp	
	Skills (Theory & Techniques)		\$160. pp	

## **\*\*TO BE COMPLETED BY BUSINESS OFFICIAL/SUPERINTENDENT\*\***

Please Check One

☐ District agrees to pay course tuition as indicated above (\_\_\_\_\_) Total: \_\_\_\_\_  
Business Official/Superintendent Initials

☐ Individual Participant agrees to pay course tuition as indicated above.  
(Check payable to CiTi BOCES enclosed) (\_\_\_\_\_) Student Initials Total: \_\_\_\_\_

**Business Official/Superintendent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I will be enrolling as an out-of-county or independent enrollee.**

Please either email completed form to **Mary Soble at CiTi** ([msoble@citiboces.org](mailto:msoble@citiboces.org)), fax (315) 963-4250, or mail to: **Center for Instruction, Technology & Innovation, 179 Co. Rt. 64, Mexico, NY 13114.**  
Duplicate extra forms as needed.

**Cancellation Clause:** Districts and Individuals will be billed for course registration fees if attendees fail to cancel 10 days prior to event. To cancel, please contact Mary Soble at (315) 963-4225 or email [msoble@citiboces.org](mailto:msoble@citiboces.org).