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| **CPR/FIRST Aid Training** | | | | |
| Anyone interested in recertifying or certifying in Adult CPR/AED from the American Red Cross should attend this course. | | | | |
| **HOW TO REGISTER AND PAY YOUR FEE** | | | | |
| **1. Register and Pay Online: (The preferred method)** Go to[**http://tentaroo.com/tidewater**](http://tentaroo.com/tidewater)**.** Log in to your account. If you or your unit do not have a Tentaroo account, then create your free “Individual/Group” account, fill out all personal information, select the “**Adult CPR**” event and follow the instructions on the web site to register and pay. | | | | |
| **2. Register Online, but pay at office**: Register online at the link above, choose $0.00 payment and use this form to pay at the council. | | | | |
| **3. Register and pay at council office:** Use this form to register and make payment at the council office.  Make payment in person or mail to ***Tidewater Council, BSA, 1032 Heatherwood Drive, Virginia Beach, VA 23455*** | | | | |
| **Account #:** | **1-6801-604-20** | | **SW=** | **6760** |
|  | | | | |
| **When:** | **Saturday, September 16, 2017 9 AM to 3 PM**  **Check-in begins at 8:30 AM** | | | |
| **Where:** | **Bayside Presbyterian Church**  **1400 Ewell Road, VA Beach, VA 23455** | | | |
| **Fee:** | **$25** | | | |
| **Who should attend: Any registered Scouter or Scout interested in CPR certification.** | | | | |
| **Prerequisites: Minimum age is 14.** | | | | |
| **What to bring: A notebook to hold handouts and a willingness to learn.** | | | | |
| **Course Director for more info:** | | Jim Payne  (757) 537-3025 , jpayne6130@gmail.com | | |
| **Additional Course Info:** | | <http://tidewaterbsa.com/events/>. Lookup the course date. | | |

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| **PARTICIPANT REGISTRATION INFORMATION** | | | | | | |
| **Date:** | **Name:** | | **Phone:** | **Email (Adult only):** | | |
| **Address:** | | | **City:** | | **State:** | **Zip:** |
| **Adult / Youth (Circle)** | | **Pack Number:** | **Registered Position:** | | **BSA ID (required):** | |
| **District:** | | **Additional Info: NONE** | | | | |
| **Your Dietary or Other Restrictions:** | | | | | | |