



# SOUTH ORANGE RESCUE SQUAD

## *Semper Aptus Muneris*

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### Interest Form for a CPR Class for a Group or Organization

Today's Date: \_\_\_\_\_

Name of Community Organization Requesting Instruction: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Would you like the class to be held at your location\_\_\_\_ Or at our station in Carrboro\_\_\_\_

Number of Participants: \_\_\_\_\_

Type of CPR course: Health Care Provider \_\_\_\_\_

Heartsaver AED \_\_\_\_\_

Heartsaver CPR \_\_\_\_\_

Family and Friends \_\_\_\_\_

What days of the week are best for your group? \_\_\_\_\_

The classes last between 2 and 5 hours. What times of day are best for your group?

\_\_\_\_\_

Please use this space to tell us any other important information or special needs we need to know about your group:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your support of South Orange Rescue Squad and  
your dedication to saving lives in our community!

Please return this form to:

South Orange Rescue Squad

Attn: South Orange CPR

PO Box 128

Carrboro, NC 27510