



Volunteer Sawyer First Aid/CPR Course Reimbursement Form

NAME: _____ E-MAIL: _____

STREET ADDRESS: _____

CITY, STATE ZIP : _____

DAYTIME TELEPHONE: _____ EVENING: _____

A.T. MAINTAINING CLUB: _____

Are you an A.T. maintainer? yes no If yes, section: _____

Course information

Type of course you took (check one): First Aid CPR Both

Course date(s): _____

Course location(s): _____

Course sponsor(s): _____

Course instructor(s): _____

Indicate the course fee(s) you paid: _____ *(Please attach receipts)*

Amount requested: _____ *(One-time reimbursement, not to exceed \$65)*

CPR certification expires: _____ First-aid certification expires: _____

Please return this form to your local ATC Regional Office at the address below.

Please allow six weeks for reimbursement by ATC's headquarters in Harpers Ferry, West Virginia

ATC—NERO
P.O. Box 312
Lyme, NH 03768

ATC—MARO
P.O. Box 625
Boiling Springs, PA 17007

ATC—VARO
P.O. Box 174
Blacksburg, VA 24063

ATC—SORO
160A Zillicoa Street
Asheville, NC 28801