



Volunteer Sawyer First Aid/CPR Course Reimbursement Form

NAME: _____

A.T. MAINTAINING CLUB: _____

A.T. maintainer? yes, section: _____ no

Your mailing address

STREET: _____

CITY, STATE ZIP CODE: _____

PHONE: _____

E-MAIL: _____

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 receipt(s).*

Amount requested: _____ *One-time reimbursement should not exceed \$65.*

CPR certification expires: _____

First-aid certification expires: _____

Please return this form, ALONG WITH COPIES OF YOUR CERTIFICATION CARDS AND RECEIPTS, to your local ATC Regional Office at the address below:

ATC—NERO Attn: First Aid/CPR P.O. Box 312 Lyme, NH 03768	ATC—MARO Attn: First Aid/CPR P.O. Box 625 Boiling Springs, PA 17007	ATC—VARO Attn: First Aid/CPR 1280 North Main St. Blacksburg, VA 24060	ATC—SORO Attn: First Aid/CPR P.O. Box 2750 Asheville, NC 28802
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Please allow six weeks for reimbursement by ATC's headquarters in Harpers Ferry, West Virginia.