



# CPR CHALLENGE

ALL INFORMATION IS REQUIRED

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADVISOR \_\_\_\_\_

EMAIL \_\_\_\_\_

Circle class

THURSDAY, MAY 17 @ 3:30

FRIDAY MAY 18 @ 3:30

\_\_\_\_\_ PLEASE RESERVE A POCKET MASK FOR ME. I HAVE INCLUDED A \$13.00 CHECK.

You must include a check (\$49.00 plus 13.00 for mask if needed) made out to "New Trier High School" with this registration

TURN THIS FORM INTO THE GUARD BOX IN THE ATHLETIC OFFICE (WINNETKA CAMPUS) OR MAIL DIRECT TO:

Mark Onstott New Trier  
High School 385  
Winnetka Ave Winnetka  
IL 60093