## Mental Health First Aide Certification

# REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please Print) | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Event: July 29, 2017 | | | | | | | | | | | | | | Time: 9:00 am to 5:30 pm | | | | | | | | | |
| PArticipant INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | First: | | | | Middle: | | ❑ Mr.  ❑ Mrs. | | | ❑ Miss  ❑ Ms. | | | Marital status (circle one) | | | | |
|  | | | | | | | | | | | | | Single / Mar / Div / Sep / Wid | | | | |
| Is this your legal name? | | | If not, what is your legal name? | | | | | | (Former name): | | | | | | | | Birth date: | | | | Age: | Sex: | |
| ❑ Yes | ❑ No | |  | | | | | |  | | | | | | | | / / | | | |  | ❑ M | ❑ F |
| Street address: | | | | | | | | | | | | | | | | | | | Home phone no.: | | | | |
|  | | | | | | | | | | | |  | | | | | | | ( ) | | | | |
| P.O. box: | | | | | City: | | | | | | | | | | State: | | | | | ZIP Code: | | | |
|  | | | | |  | | | | | | | | | |  | | | | |  | | | |
| Occupation: | | | | | | | | | | | | | | | | | | Cell phone no.: | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | ( ) | | | | | |
| In Case of an Emergency Please contact: | | | | | | | | | |  | | | | | | | | | | | | | |
| ❑ Family | | ❑ Friend | | ❑ other | | | |  | | | | | | | | | | | | | | | |
| Comments or dietary restrictions: | | | | | |  | | | | | | | | | | | | | | | | | |

Location: Grace Presbyterian Church 2604 Banister Road Baltimore, MD 21215 410-466-4000 http://gracepresbymd.weebly.com

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# REGISTRATION FORM

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please Print) | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Event: Saturday, July 29, 2017 | | | | | | | | | | | | | | Time: 9:00 am to 5:30 pm | | | | | | | | | |
| PArticipant INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | First: | | | | Middle: | | ❑ Mr.  ❑ Mrs. | | | ❑ Miss  ❑ Ms. | | | Marital status (circle one) | | | | |
|  | | | | | | | | | | | | | Single / Mar / Div / Sep / Wid | | | | |
| Is this your legal name? | | | If not, what is your legal name? | | | | | | (Former name): | | | | | | | | Birth date: | | | | Age: | Sex: | |
| ❑ Yes | ❑ No | |  | | | | | |  | | | | | | | | / / | | | |  | ❑ M | ❑ F |
| Street address: | | | | | | | | | | | | | | | | | | | Home phone no.: | | | | |
|  | | | | | | | | | | | |  | | | | | | | ( ) | | | | |
| P.O. box: | | | | | City: | | | | | | | | | | State: | | | | | ZIP Code: | | | |
|  | | | | |  | | | | | | | | | |  | | | | |  | | | |
| Occupation: | | | | | | | | | | | | | | | | | | Cell phone no.: | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | ( ) | | | | | |
| In Case of an Emergency Please contact: | | | | | | | | | |  | | | | | | | | | | | | | |
| ❑ Family | | ❑ Friend | | ❑ other | | | |  | | | | | | | | | | | | | | | |
| Comments or dietary restrictions: | | | | | |  | | | | | | | | | | | | | | | | | |

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