



Youth Mental Health First Aid

Friday, May 25, 2018, 8:00AM - 3:30PM



Participant Information

Mr. Mrs. Ms. Dr.

Last Name _____ First Name _____

Organization (if any) _____

Title _____

Mailing Address _____

City _____ State _____ ZIP _____

County _____

Phone Number _____ Cell Number _____

Email Address _____

Check here if you need special/dietary accommodations. (List: _____)

Please register me for the Youth Mental Health First Aid training...

____ **Friday, May 24**

Register by mail by sending this form along with payment to:

One Community One Family
Attn: Training
920 County Line Road, Suite C
Batesville, IN 47006

Register via e-mail by sending this form to*: ocof@onecommunityonefamily.org

Register by fax by faxing this form to*: 812/932-0115

*** PLEASE REMEMBER THIS TRAINING IS LIMITED TO THE FIRST 30 REGISTRANTS ***