



St. John Ambulance

SAVING LIVES
at work, home and play

St. John Ambulance Training Request

905-434-7800 fax 905-434-1042

clientservices@on.sja.ca

PLEASE NOTE: A MINIMUM OF 8 STUDENTS IS REQUIRED (Max 18). IF YOU DO NOT HAVE THE MINIMUM NUMBER, WE SUGGEST THAT YOU BOOK ON OUR PUBLIC CLASSES.

IF YOU NEED TO CANCEL YOUR REQUEST, WE DO REQUIRE A MINIMUM OF 5 WORKING DAYS NOTICE. IF THIS NOTICE IS NOT RECEIVED, YOU WILL BE CHARGED A CANCELLATION FEE OF \$100.00. IF CONFIRMATION OF PARTICIPANTS IS NOT RECEIVED, YOUR COMPANY WILL BE INVOICED FOR THE FULL FEE OF THE COURSE REQUESTED AND THE NUMBER OF PARTICIPANTS LISTED ON THE FORM.

PLEASE CONFIRM THE NUMBER OF STUDENTS ATTENDING THE TRAINING AT LEAST ONE-WEEK PRIOR.

PLEASE NOTE THAT THERE WILL BE A \$25.00 FEE CHARGED FOR OFF SITE TRAINING.

COMPANY NAME: _____

CONTACT NAME: _____

COURSE TYPE: _____ **NO. OF STUDENTS** _____

TRAINING SITE ADDRESS: (Please include street address, city and postal code)

PHONE: () _____ **FAX:** () _____

E-MAIL ADDRESS: _____ **PO #** _____

INVOICING ADDRESS & CONTACT: (Please include street address, city and postal code)

TRAINING DATES: _____

TRAINING TIMES: _____

IS TV & DVD PLAYER (with remote) AVAILABLE? _____

IS A WHITE BOARD AVAILABLE? _____

IS THERE AN AREA WITH CARPET/MATS? _____

DATE: _____ **AUTHORIZED SIGNATURE** _____

I HAVE READ THE ABOVE TERMS AND CONDITIONS SET OUT BY ST. JOHN AMBULANCE AND BY SIGNING FULLY AGREE TO THEM.

Please call the office if you do not receive your confirmation within 48 hrs.

2010/04