



SECTION VIII INTERSCHOLASTIC ATHLETICS -
First Aid Courses / CPR Courses

Name _____ School _____
Home Address _____ School Phone _____
Town _____ Zip _____ Home/Cell Phone _____

Indicate the course(s) you are registering for:

CPR Dates of course _____
 First Aid Dates of course _____

PAYMENT

A certified check or money order **ONLY**, made payable to the **Section VIII Athletic Council** is due with registration. (Cash will be accepted as payment for those who wish to visit the office to register.)

Please note: your registration is confirmed only when received with payment in full.

REGISTRATION

Once completed, please forward this registration form with payment to:

**Section VIII - Interscholastic Athletics
Nassau BOCES Administrative Center
P.O. Box 9195
71 Clinton Road
Garden City, NY 11530**

