



LAKE CITY AMBULANCE CLASS REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ - _____ - _____

Email Address: _____

Classes you are interested in taking with Lake City Ambulance:

Circle:

ACLS Heartsaver CPR First Aid EMT Initial Course

PALS BLS CPR Stop the Bleed EMR Initial Course

Submit via email, fax, or in person to:

Lake City Ambulance Training Center
C/O Dave Kohs, Training Officer
601 N. 10th Street Lake City, MN 55041

Email: lcatraining@ci.lake-city.mn.us

Fax: 651-345-4300