

ARC OF THE SUSQUEHANNA VALLEY
Babysitter's Training Course Registration and Equipment Order Form

Equip. PICK UP Date & Time:	Equip. RETURN Date & Time:
Send form to your Pick Up Location:	<input type="checkbox"/> Lancaster Office PO Box 4624 Lancaster, PA 17604 Fax: 717-299-8950
	<input type="checkbox"/> Capital Region Office PO Box 5740 Harrisburg, PA 17110 Fax: 717-257-1832
	<input type="checkbox"/> Mifflin/Juniata Office PO Box 229 Lewistown, PA 17044 Fax: 717-248-4787

Authorized Provider Name:

Course Being Held:

Contact Name:

Phone #:

E-mail:

Billing Address:

City:

State:

Zip:

Instructors (Please list):

Class Location (if different from above):

Class Dates and Times:

Number of Participants:

Is this course open to the public? Yes No

If course is open, please list procedure for registration: (including contact person and phone number):

SPECIAL INSTRUCTIONS:

RENTAL EQUIPMENT		PURCHASE SUPPLIES		PAPERWORK	
<input type="checkbox"/>	Child Manikins	<input type="checkbox"/>	BBS Kits (Black Bag)	<input type="checkbox"/>	Course Record
<input type="checkbox"/>	Infant Manikins	<input type="checkbox"/>	BBS Kits (Backpack)	<input type="checkbox"/>	Course Record Add.
<input type="checkbox"/>	Infant Mouthpieces	<input type="checkbox"/>	BBS Bandage Pack	<input type="checkbox"/>	BBS Evaluation Form
<input type="checkbox"/>	Babysitters Training Video	<input type="checkbox"/>	Breathing Barrier (36/Box)	<input type="checkbox"/>	Health Precaution Sheet
<input type="checkbox"/>	Babysitter's Training Box	<input type="checkbox"/>	BBS Textbook	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	CPR Training Kit	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Babysitters Training Video	<input type="checkbox"/>	
<input type="checkbox"/>		OTHER (No Charge)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Blankets (Lancaster Only)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Manikin Wipes	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

I agree to be responsible for the equipment listed above and return it in good condition to the ARC of the Susquehanna Valley by the return date and time listed above. I agree to report any problems or defects in writing upon return of the equipment.

Signature _____
 (Received)

_____ Date

Signature _____
 (Returned)

_____ Date