



# Wilderness First Responder

## 3-Day Recertification OR 10-day Course

Hosted by YMCA Camp St. Croix in Hudson, Wisconsin  
Presented by Wilderness Medicine Institute of NOLS



### Recertification: January 3-5, 2010

### 10-Day Course: January 7-16 or March 12-21, 2010

<b>REGISTRATION INFORMATION for Camp St. Croix Location-Please PRINT</b>		
Name:	Email:	
Address:		
City:	State:	Zip:
Phone:	Permanent Phone:	
SSN:	Date of Birth:	
Will you be 18 when the course starts? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Course:</b> <input type="checkbox"/> WFR Recertification (must meet prerequisites) January 3-5 <input type="checkbox"/> 10-Day WFR Course <b>DATE:</b> <input type="checkbox"/> January 7-16 or <input type="checkbox"/> March 12-21
<b>Course Location:</b> YMCA Camp St. Croix, Hudson, WI 54016
<b>Fee:</b> <input type="checkbox"/> \$280.00 <b>3 day Recertification Course</b> with 3 lunches, NO Lodging <input type="checkbox"/> \$340.00 <b>3 day Recertification Course</b> with ALL Meals & Lodging (check in one night prior to start date, 8 meals and 3 nights lodging)  <input type="checkbox"/> \$685.00 <b>10 day WFR Course</b> with 10 lunches only, NO Lodging <input type="checkbox"/> \$890.00 <b>10 day WFR Course</b> with ALL Meals & Lodging (check in one night prior to start date, 30 meals and 10 nights lodging)

<b>PAYMENT Information: A 50% non-refundable and non-transferable deposit</b> must accompany all registrations. <i>Remaining fees due BEFORE the first day of class.</i>
<input type="checkbox"/> <b>CHECK</b> enclosed amount: \$ _____ (made payable to <b>YMCA Camp St. Croix</b> )
<b>Please bill my:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am Express
Card Number: _____ Exp. Date: _____
Name as it appears on card: _____
<b>Please CHARGE:</b> <input type="checkbox"/> 50% as a non-refundable deposit in the amount of \$ _____ <input type="checkbox"/> Entire registration fee in the amount of \$ _____ <input type="checkbox"/> 50% deposit NOW in the amount of \$ _____ and the remaining balance one day prior to the start of the course
<i>I, the undersigned, understand and agree that all course deposits are non-refundable, and non-transferable.</i>
<b>Cardholder Signature:</b> _____

**Mail payment and registration to:**  
 YMCA Camp St. Croix  
 532 County Rd. F  
 Hudson, WI 54016  
 Fax: 715-386-4382

**Questions, contact:**  
 Sue Elmer-Camp St. Croix  
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 612-465-0561