



The Shepherd's Way
Search and Rescue Training & Consultants

Student Registration Form

Course: _____ Course Date: _____ Tuition: _____

Name: _____ Age: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____

Please list any medical training/certifications: _____

Please list any search and rescue training/certifications: _____

Please list your personal course learning objectives: _____

Emergency Contact:

Name: _____ Relation: _____

Telephone: _____