

REQUEST FORM

Section _____ Chapter(s) _____
Location and **Complete** address of class _____ - _____

Requesting Officer _____ Position _____

Requesting Officer's Phone Number _____

Requesting Officer's E-mail _____

Requested Dates (1st choice) _____

(2nd choice) _____

(3rd choice) _____

The Ohio District Medic First Aid Coordinator is Linda Copeland. To request a class contact Linda by phone, mail, or email.

Linda Copeland
5278 St. Rt. 29 E.
Sidney, Ohio 45365
937-498-1651