

# Provider's Day Out

“A person's a person, no matter how small.” – Dr. Seuss

January 22-23

## Registration Form

Name: \_\_\_\_\_ STARS ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

- CPR/First Aid - \$30  
Check due on class day payable to Bill Jack
  
- Friday Evening Session 5:30-8:00 p.m.  
Dinner Included
  
- Saturday All Day Session 8:00 a.m. – 4:00 p.m.  
Light Breakfast and Lunch Included

Please complete this form and return by one of the following:

**MAIL**

Nicole Wright / Kids' Campus  
507 9<sup>th</sup> Street  
Rawlins, WY 82301

**FAX**

307-324-2541

**EMAIL**

nwright@cchec.org

**Once registered, if unable to attend, please call 307-324-2334 to cancel.**