NC SAFE KIDS Buckle Up

CLASS ROSTER

buckleupnc.org
North Carolina Child Passenger Safety Resource Center

North Carolina Child Passenger Safety Basic Awareness Training Program

Participant # _____

Name Prefix: [ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Miss [ ] Other: _____

Name: _____
First Middle Last Suffix

Position / Job Title: _____

Business/Organization: _____

Mail Address: _____

_____

City: _____ State: _____ Zip: _____

County(ies): _____ Phone: (_____) _____ x _____

E-mail: _____

To be completed by Lead Instructor at conclusion of class: Participant completed class? [ ] Yes [ ] No

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Class Date: _____/_____/_____ Location: _____ Page ___ of ___