

**WMI Course Registration Form
Far Flung Outdoor Center**

Please Print

Student Information			
Name:		Email:	
Address:			
City:		State:	Zip:
Phone:			
Will you be 18 when the course starts? Yes No			
Are you recertifying a card? Yes No			
<u>If re-certifying, please bring a copy of your Wild Med card to class!</u>			
Payment Method			
CHECK/CASH	MC	VISA	\$ AMOUNT:
CREDIT CARD INFORMATION (if applicable)			
Card Number:		Exp. Date:	CVV:
Name as it appears on card:			
Address and Zip:			
<i>I, the undersigned, understand and agree that all course deposits are NON-REFUNDABLE.</i>			
Student Signature:			
Course Information			
Courses: Wilderness Medicine			
Course Location: Far Flung Outdoor Center		(check one, please)	
WFA (2 days)	January 5-6, 2012	\$199	
WAFA (5 days)	January 9-13, 2012	\$325	
Mail, Email or Fax to Flung Outdoor Center P.O. Box 377 Terlingua, Texas 79852 Phone: 800-839-7238 Fax: 432-371-2993 greg@ffoc.net			