



S.A.F.E. COURSE ROSTER

SAFETY AND FIRST-AID
EDUCATION

5 Otsego Ave
Lowell, MA 01851

Title of Program: **ChokeSaver** Location: **Yere1, Watertown**

Date: **1/22/18**

Instructor's Name: **Gunther Wellenstein, EMT (ret)**

NSC ID #: **0489749**

Kindly **PRINT** the following information:

First Name Last Name	Street Address	City, State & Zip Code
1. Hasmik Khachatryan	4 Bigelow st.	Watertown, MA 02472
2. Arak Khachatryan	4 Bigelow st.	Watertown, MA 02472
3. Emma Khachatryan	4 Bigelow st.	Watertown, MA 02472
4. Sona Hakobyan	4 Bigelow st.	Watertown, MA 02472
5. Ani Dartyan	4 Bigelow st.	Watertown, MA 02472
6. Harutyun Sahakyan	4 Bigelow st.	Watertown, MA 02472
7. Meghine Chukasyan	4 Bigelow st.	Watertown, MA 02472
8. Rima Chukasyan	4 Bigelow st.	Watertown, MA 02472
9. Gayane Yeghoyan	4 Bigelow st.	Watertown, MA 02472
10. Arayik Chukasyan	4 Bigelow st.	Watertown, MA 02472
11. Suren Manukyan	4 Bigelow Ave	Watertown, MA 02472
12.		

I certify that the above listed persons have successfully completed a **ChokeSaver** Program.

Instructor's Signature:

Date:

1-22-18