



S.A.F.E. COURSE ROSTER

SAFETY AND FIRST-AID
EDUCATION

5 Otsego Ave
Lowell, MA 01851

Title of Program: **ChokeSaver**

Location: **Community Action Inc**

Date: **07/25/22**

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. Anabel Castro	7 Lafayette Ave	Haverhill ma, 01832
2. Destiny Fabian	138 8th Ave	Haverhill Ma, 01830
3. Ashley Suarez	1 Lancelot CT, Apt 3	Salem, NH 03079
4. VERONICA Wilkins	348 Washington ST	Haverhill MA, 01832
5. Kristina Brooks	75 Elm St.	Haverhill MA 01830
6. Jennifer Quimby	38 Hillside St. #	Haverhill, Ma 01832
7. Kaelyn Cross	23 Monmouth St.	Chelmsford MA 01824
8. Lauren Alexa	12 Daniel Road	Derry, NH 03038
9. Janette Delossantos	6 Birch meadow Rd	merrimac MA 01860
10.		
11.		
12.		

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

Instructor's Signature: *Gunther Wellenstein*

Date: 7/25/22