



S.A.F.E. COURSE ROSTER

SAFETY AND FIRST-AID
EDUCATION

5 Otsego Ave
Lowell, MA 01851

Title of Program: **ChokeSaver** Location: **Jam time**

Date: **9/07/22**

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. Doreen	Scalzi	9 Parmenter ^{Road} Road , Framin	Framingham, MA 01701
2. Jennifer	mckayven	86 87 Powder Mill Rd, Maynard MA	01754
3. Malcolm	Sim	86 Powder Mill Rd	Maynard MA 01754
4. Mandy	Sim	86 Powder Mill Road	Maynard MA 01754
5. Amanda	Leanders	86 Powder Mill Rd	Maynard MA 01754
6. Ariana	Giers	111 Lenox St.	Norwood MA 02062
7. Elena	Guzman	56 Forest ave ext	NORWICK, MA 01760
8. KYLE	AKERS	9113 ARBOR DR	SHREWSBURY, MA 01545
9. ANGELA	DISHMAN	9113 ARBOR DR	SHREWSBURY, MA 01545
10. LAUREN	RIVERA	BRAND 111 LENOX ST.	NORWOOD, MA 02062
11.			
12.			

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

Instructor's Signature: Gunther Wellenstein

Date: 09/07/22