



**TRAINING ACADEMY REGISTRATION FORM**

**DATE OF CLASS**

**NAME OF CLASS**

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Person Requesting Training: \_\_\_\_\_  
Printed name

Division: \_\_\_\_\_

Approving Supervisor: \_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of Approving Supervisor

\_\_\_\_\_  
Date Signed

*I understand enrollment in the above requires cancellation prior to class-time if I, the student, is unable to attend. I also understand I have to register at least 10 days prior to the start of the class. (Cancellation call Lt. Upton @ Ext. 2255 or Sgt. Thomas @ Ext. 2300)*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
PID

\_\_\_\_\_  
Date Signed