

Registration Form

Please print clearly or type the information requested.

The information should be as you want it to appear on your certificate of completion.

Student Name _____

Department Name _____

Department Mailing Address _____

Department Phone (Include Area Code) _____ / _____

Department FAX (Include Area Code) _____ / _____

Student's E mail address (To receive confirmation and Reporting Instructions)

Shirt Size (Circle One) S M L XL XXL

Registration Cost: \$225.00 per student

**** *We Do Not accept Credit Card payment.***

*** Make checks payable to : Goshen Police Department-**

And Mail To: **Goshen Police Dept.
111 E. Jefferson St.
Goshen, IN 46528
ATTN: Tracy Wallace
FAX: 574-533-1826**

_____ Check Enclosed

_____ Invoice To: _____

*Please provide E mail address for receipt of electronic invoice

_____ Other: _____
