

**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.

StudentName \_\_\_\_\_

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**

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**Registration Cost: \$275.00 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: \_\_\_\_\_

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