



Central Virginia Criminal Justice Academy

TRAINING ENROLLMENT FORM

Please duplicate this form as necessary

COURSE INFORMATION

Course Title: _____

Date(s): _____

Location: _____

APPLICANT INFORMATION

Department: _____

Name: _____

Name: _____

Name: _____

Name: _____

LODGING INFORMATION (Member Agencies Only)

(Leave blank if not applicable)

Is Lodging Necessary? () Yes () No

Sex: () Male () Female

Check in date:

Check out date:

Return this form to:

Central Virginia Criminal Justice Academy

P.O. Box 287

Lynchburg, VA 24505-0287

or FAX to: (434) 847-1478

Please call (434) 455-6190 for additional information.

This form completed by (Please print): _____

Telephone Number: _____

Email Address: _____

NOTE: BUSINESS CASUAL! NO BLUE JEANS, NO SHORTS, NO TANK TOPS, NO T-SHIRTS, NO TENNIS SHOES, NO FLIP FLOPS.

File Name: Secretary/Enrollment Form 2014