



Central Virginia Criminal Justice Academy

1200 Church Street / P.O. Box 287

Lynchburg, VA 24504

434-455-6190

FAX: 434-847-1478

TRAINING ENROLLMENT FORM

Please duplicate this form as necessary

Fax this form **OR** e-mail form to: katherine.harris@lynchburgva.gov

COURSE INFORMATION

Course Title: _____

Date(s): _____

Location: _____

ENROLEE INFORMATION

(enroll officer by their name as it appears in DCJS TREX system)

Department: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

LODGING INFORMATION

(for Member Agencies Only)

Is Lodging Necessary? () Yes () No

Sex: (check one) () Male () Female

Check in date: _____

Check out date: _____

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