



Central Virginia Training Academy  
TRAINING ENROLLMENT FORM  
Please duplicate this form as necessary

COURSE INFORMATION

Course Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

APPLICANT INFORMATION

Department: \_\_\_\_\_

Name: \_\_\_\_\_

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):

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_