



# 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: [melanie.mahone@lynchburgva.gov](mailto:melanie.mahone@lynchburgva.gov)

### COURSE INFORMATION

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

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

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

### ENROLLEE 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**