



## 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