

REGISTRATION FORMS ATTACHED

PASADENA POLICE ACADEMY

PASADENA OFFICERS IN-SERVICE TRAINING REGISTRATION FORM (ONE FORM PER COURSE)

OFFICER NAME: _____ **DATE:** _____

DIVISION: _____

I WISH TO ATTEND THE FOLLOWING IN-SERVICE CLASS:

COURSE NAME: _____

COURSE DATE: (BEGINNING) _____ (ENDING) _____

CHECK LOCATION: _____ **POLICE ACADEMY**

_____ **LES EARLY FIREARMS TRAINING CENTER**

OFFICER SIGNATURE

SUPERVISOR SIGNATURE

DATE APPROVED: _____

DATE DENIED: _____

***PLEASE FORWARD TO THE ACADEMY WHEN COMPLETED
YOU WILL BE NOTIFIED IF THE CLASS IS FULL AND YOU WERE NOT ENROLLED.***

Fax Number: 713-475-5589

***DRESS IS CASUAL YET PROFESSIONAL STYLE. HALTER TOPS, TANK TOPS, SHORTS, BALL
CAPS AND THONGS/SANDALS ARE NOT PERMITTED IN THE CLASSROOM.***

