



SANTA ANA POLICE DEPARTMENT TRAINING CENTER REGISTRATION FORM

60 Civic Center Plaza
Santa Ana, CA 92701

Training: (714) 245-8089 Fax: (714) 245-8097
trainingcenter@santa-ana.org

Refer to <http://www.santa-ana.org/pd/training.asp>
for Course Catalog

Registration forms can be submitted for multiple courses and multiple attendees by EMAIL, FAX or MAIL

THIS FORM IS NOT A CONFIRMATION OF COURSE REGISTRATION, BUT USED TO RESERVE A PLACE IN A CLASS. YOU WILL RECEIVE CONFIRMATION OF COURSE ENROLLMENT FOLLOWING RECEIPT OF PAYMENT.

(STUDENT/POINT OF CONTACT) FIRST NAME: _____

(STUDENT/P.O.C) LAST NAME: _____

RANK/TITLE: _____ DATE: _____

AGENCY: _____

AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE _____ FAX: _____

EMAIL ADDRESS: _____

COURSE REQUESTED*: _____		DATE: _____	FEE**: \$ _____
STUDENT NAME: _____	STUDENT NAME: _____		
<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE	<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE		
STUDENT NAME: _____	STUDENT NAME: _____		
<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE	<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE		
STUDENT NAME: _____	STUDENT NAME: _____		
<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE	<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE		
TOTAL FEE(S) FOR STUDENT(S): \$ _____			

COURSE REQUESTED*: _____		DATE: _____	FEE**: \$ _____
STUDENT NAME: _____	STUDENT NAME: _____		
<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE	<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE		
STUDENT NAME: _____	STUDENT NAME: _____		
<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE	<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE		
STUDENT NAME: _____	STUDENT NAME: _____		
<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE	<input type="checkbox"/> SWORN <input type="checkbox"/> NON-SWORN <input type="checkbox"/> DISPATCH <input type="checkbox"/> RESERVE		
TOTAL FEE(S) FOR STUDENT(S): \$ _____			

**The fees include materials, registration and tuition.
PARKING FEES ARE NOT INCLUDED

TOTAL REGISTRATION FEE DUE: \$ _____

Make check Payable to the "City of Santa Ana" and mail to:
SANTA ANA POLICE DEPARTMENT-TRAINING DIVISION
60 CIVIC CENTER PLAZA-P.O. BOX 1981
SANTA ANA, CA 92702

EMAIL FORM to trainingcenter@santa-ana.org
OR, FAX to (714) 245-8097

ATTENTION: TRAINING COORDINATOR-COURSE REGISTRATION M-97

**Cancellation policy: Students must cancel at least five business days in advance of the first day of class in order to receive a full refund. All cancellations past the 5-day notice are non-refundable.*

FOR SAPD TRAINING USE ONLY

DATE RECEIVED: _____ EMAIL FAX MAIL

DATE PAYMENT RECEIVED: _____ DEPARTMENT CHECK PERSONAL CHECK CASH

Date: Email Confirmation Date: SAC Application Other: