

**Class Registration Form**

## **PLEASE PRINT CLEARLY:**

|  |  |
| --- | --- |
| **Last Name:** |   |
| **First Name:** |  | **Middle Initial:**  |  |
| **Street Address:** |  |
| **City:** |  | **State:**   |  **VA** | **Zip Code:** |  |
| **Home Phone:** |  | **Alternate Phone:** |  |
| **Employee ID#:** |  | **Account Manager:**  |  |
| **DCJS ID# or****Social Security #:** |  |  |  |  |  |  |  |  |  |  |  | **Date of Birth:**  |  |
|  |  |

## **CLASS/CERTIFICATION (circle course):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***ARREST AUTHORITY 05E 50.00*** |  | ***RANGE 69.98***  |
|  | ***CORE ENTRY 01E 67.00*** |  | ***CORE IN-SERVICE 01I 40.00******00*** |
|  | ***FIREARMS ENTRY 075E 155.00*** |  | ***FIREARMS RE-TRAINING 07R 40.00*** |
|  | ***SHOTGUN ENTRY 08E 45.00*** |  | ***SHOTGUN 08R 25.00*** |
|  | ***PATROL RIFLE 10E 275.00***  |  | ***PATROL RIFLE 10R 100.00*** |
|  | ***SPECIAL CONSERVATOR OF THE PEACE 06E 230.00*** |  | ***SCOP IN-SERVICE 06I 100.00*** |
|  | ***CVTA Gun Rental 5.00*** |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATES OF CLASSES:** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PAYMENT DEDUCTION(S) DATES:** |  |  | **PAYMENT AMOUNT:**  |  |

 |
| **\_\_CHECK/MONEY ORDER#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_PAYROLL DEDUCTION** |
| **\_\_CASH** **\*\**Make checks/money orders payable to CVTA*** | **\_\_INCENTIVE PROGRAM** |
|  |

## **Agreement and Signature:**

By my signature below I authorize **Coastal Virginia Training Academy** and any of its agents or employees to verify the information contained on this form. This form serves as a legal release for holders or custodians of any and all records pertaining to me to provide access to and copies of any records possessed by them. I also understand that ***all tuition and class fees are non-refundable***.

|  |  |
| --- | --- |
| Student Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |