

# Angleton Police Department Training Academy Class Registration Form

Class: \_\_\_\_\_

Date(s) of Class: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

TCOLE PID#: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

THIS FORM MUST BE RECEIVED BY THE TRAINING COORDINATOR AT THE ANGLETON POLICE DEPARTMENT NO LATER THAN SEVEN (7) WORKING DAYS PRIOR TO THE START OF THE CLASS. EMAIL THIS ENROLLMENT FORM TO LIZ COPE AT THE ANGLETON POLICE DEPARTMENT:  
[ECOPE@ANGLETONPD.NET](mailto:ECOPE@ANGLETONPD.NET)