



# CENTRAL SHENANDOAH CRIMINAL JUSTICE TRAINING ACADEMY



## Participant Registration Form

*Individuals wishing to enroll in training programs at the Central Shenandoah Criminal Justice Academy shall complete this form and forward to the Academy Registrar at least ten (10) days prior to the beginning of the training program. Upon receipt of the training registration form, the Academy registrar will notify each participant to confirm registration. In the event a participant cannot attend the requested program, it will be his/her responsibility to notify the Academy to withdraw from the program.*

Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Applicant's SS#: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_

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

***As agency administrator or agency designee, I approve the registration of the applicant for this training program.***

\_\_\_\_\_  
(Print) Name of Agency Administrator or Designee

\_\_\_\_\_  
Signature of Agency Administrator or Designee:

\_\_\_\_\_  
(Date)

Request for Dormitory Accommodations:

Yes     No     Male     Female

***Fax, mail, or e-mail to: Central Shenandoah Criminal Justice Training Academy  
3045 Lee Highway  
Weyers Cave, VA 24486***

***Attn: Sharon James, Registrar and Records Specialist***

Fax # (540) 234-8211

E-mail: sjames@centralshenandoahacademy.com

*(Revised Feb 2008)*