



DECATUR

POLICE DEPARTMENT

★ CHIEF TORRY MACK ★

DECATUR POLICE RAD TRAINING COURSE REGISTRATION

1. NAME OF PARTICIPANT: _____

2. HOME ADDRESS: _____

CITY: _____ STATE: _____

3. PHONE (HOME) _____ (CELL) _____

4. DATE OF BIRTH: _____ AGE: _____

5. EMAIL ADDRESS: _____

6. DATE REQUEST: _____

Participant