



# SOUTHERN ILLINOIS CRIMINAL JUSTICE TRAINING PROGRAM

*Mobile Team Unit #15*

## COURSE ENROLLMENT FORM

Course Name:								
Start Date:	/	/	Start Time:	:	a.m. p.m.	Location:		
Agency:					Agency Phone #:	( )	-	

**Please enroll the following individuals in the above listed course**

No.	Last Name	First Name	Rank <i>Title if not sworn</i>	F = Full-time P = Part-time A = Auxiliary	Personal Phone # <i>In the event of late cancellation</i>
1					( ) -
2					( ) -
3					( ) -
4					( ) -
5					( ) -
6					( ) -
7					( ) -
8					( ) -
9					( ) -
10					( ) -

### Authorization

I hereby authorize the enrollment of the above member(s) of my Department into the described training course provided by the Southern Criminal Justice Training Program. This Department waives any claim which might arise against the Southern Criminal Justice Training Program, The Illinois Law Enforcement Training and Standards Board, the sponsoring agency, the hosting facilities/operators and all participating instructors as a result of the above named applicant's participation in the above described training course, except those which are the result of negligence on the part of any of these parties.

Signature of Chief Administrator or designee	Title	Date
		/ /

Mail to:	<b>or</b>	FAX to:
Mobile Team Unit #15 1740 Innovation Drive Suite 232 – Box 41 Carbondale, IL 62903		618-536-1111