

La Porte Police Department
TRAINING REGISTRATION FORM

CLASS

Class I wish to be registered for: _____
Class dates (if multiple classes): _____
Class location (if multiple locations): _____

APPLICANT

Name: _____
Rank: _____
Department: _____
Contact Address : _____
City, State, Zip: _____
Contact Number and Alternate Number: _____
Fax Back Number: _____
Email Address: _____

METHOD OF PAYMENT

Amount: _____	P.O. <input type="checkbox"/>	CHECK <input type="checkbox"/>	OTHER <input type="checkbox"/> _____
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Please Fill out and Fax Back to "Captain D. Behenna" at 219-324-3350 or mail this form back to:

La Porte Police Department
c/o Captain D. Behenna
1206 Michigan Ave
LaPorte, IN 46350

Any Questions can be directed to Captain D. Behenna at 219-362-9446 ext 202 or
dbehenna@lpcitypd.com

Checks should be made out to "La Porte Police Department"
Checks can be mailed or brought day of class.