



BOONE COUNTY SHERIFF'S STUDENT LAW ENFORCEMENT TRAINING

SIGN UP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SCHOOL YOU ATTEND \_\_\_\_\_

PARENT OR GUARDIAN'S NAME \_\_\_\_\_

PARENT OF GUARDIAN'S PHONE NUMBER: \_\_\_\_\_

PARENT OR GUARDIAN'S WORK PHONE NUMBER: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT OR GUARDIAN'S PRINTED NAME: \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_

YOU WILL BE CONTACTED AT THE PHONE NUMBER ON THIS FORM IF DATES, TIMES, AND CLASS LOCATION CHANGES