## LAW ENFORCEMENT COURSE REGISTRATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| T T O S | Course Name and venue: Tactical Tracking Course Level 1 and 2 TTC-01/02, Buckeye Police Department, AZ. | | | | |
| **Course** | | **Location** | **Date** | **Tuition** | |
| Tactical Tracking Course (TTC-01) 5 days | | Buckeye, AZ. | JAN 29 – FEB 2, 2018 | $600.00 | 🞏 |
| Tactical Tracking Course (TTC-02) 5 days | |  | FEB 5 - 9, 2018 | $600.00 | 🞏 |
| RLEOA Course | |  |  | $ | 🞏 |

|  |  |
| --- | --- |
| STUDENT CONTACT INFORMATION: | |
| Name: |  |
| Unit/Agency/Company: |  |
| Street Address: |  |
| City, State, Zip: |  |
| Daytime Phone |  |
| Email Address: |  |

|  |
| --- |
| PAYMENT INFORMATION: |

\_\_\_\_\_\_\_ Check Make checks payable to **TTOS, Inc.** and mail to:

Box 1918, Sierra Vista, AZ 85636

\_\_\_\_\_\_\_ Cash Or Fax: 808-443-0337

\_\_\_\_\_\_\_ Credit Card: Master Card \_\_\_\_\_\_\_ Visa \_\_\_\_\_\_\_\_\_ AMEX \_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ***PREFERRED COURSE DATES:*** | [Insert Course, Venue, & Dates] |

**SPECIAL REQUEST/COURSE REQUIREMENTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PREVIOUS TRACKING EXPERIENCE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_