

## Registration Form

*Registration is limited to 25 participants. Upon receipt of your registration form while slots are open, you will receive a confirmation and class syllabus and schedule.*

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Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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County \_\_\_\_\_

Municipality \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Why are you interested in Citizens' Academy? \_\_\_\_\_

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**Please feel free to direct questions to the following:**

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