

# **Effingham Police Department**

## **Citizens Police Academy**

### **Citizens Police Academy Registration Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Please return this form in person at the Effingham Police Department or by mail to the Effingham Police Department (110 South 3<sup>rd</sup> Street, Effingham, IL 62401).**