

Independence County Sheriff's Office

Course Registration

DATE: _____

NAME & RANK _____

DEPARTMENT: _____

DEPARTMENT ADDRESS: _____

CITY & STATE: _____

DEPARTMENT PHONE: _____

DEPARTMENT FAX: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

CLASS NAME & LOCATION SWAT / Batesville, AR _____

CLASS DATE March 11-16, 2012 _____

Please Fax Form to

Attn: Robert Moser

870-793-8861

ICSO
Attn R. Moser SWAT
(870) 793-8864

Registration must be recvd 21 days prior to class date (30 days is preferred). Checks are to be made payable to ICSO/SWAT. Tuition is 400.00 per student.

Office Use Only

Date Rcvd _____

Date Entered _____