

COURSE REGISTRATION FORM

(to be completed by each attendee of the course)

COURSE NAME _____ COURSE # _____

NAME _____ CCGA MEMB.# _____

ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE _____ BUS.PHONE _____

AFFILIATION:

(a) CCG / CCGA Unit Name / Number _____

(b) Other (Fire? Police? Individual?) _____

<p>(a) I am taking the course for official CCG / CCGA credit _____</p> <p>(b) Please send a CCG / CCGA Certificate (Y N) _____ Decal (Y N) _____</p> <hr/> <p>(c) I am sitting in the course for interest only (Y N) _____</p> <p>But, I would like a "Certificate of Attendance" at the end (Y N) _____</p> <p>Hold my exam/attendance records as I may join CCGA later _____</p> <p>(d) My organization (Police, Fire, Emergency ...) requires an official statement. Please direct it to the individual at the address below:</p> <p>_____</p>
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COURSE LOCATION _____ DATE(S) _____

(Student Signature)

(Instructor)