

# Course Registration

PLEASE TYPE OR PRINT ALL INFORMATION

Name:	Current Job Position:
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Name of Organization Represented:  _____
County:

Address:	Work Phone:
	Home Phone:
	Fax:

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Course Name: <b>Sports and Special Event Incident Management</b>	Course Date(s): May 1-2, 2012
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Email Address
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Date of Birth
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"I certify that the information recorded on this application is correct."

\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
Applicant's Signature Date

**Send Applications to:**

**Campbell County Office of Emergency Management**  
P.O. Box 153  
Alexandria, KY 41001  
859-635-1111  
**Fax 859-635-3132**