

REGISTRATION
2010 SHERIFFS ACADEMY
September 13-17 & 20-24, 2010
OKLAHOMA CITY

NAME: _____

POSITION: Sheriff _____ Undersheriff _____ Chief Deputy _____

COUNTY: _____

OFFICE ADDRESS: _____

EMAIL ADDRESS: _____

OFFICE FAX: _____

OFFICE PHONE: _____

CLEET CERTIFIED: YES _____ NO _____

\$350.00 FEE

FEE PAYMENT METHOD: COUNTY P. O. _____ OR PERSONAL CHECK

PAYABLE TO: OKLAHOMA SHERIFFS' ASSOCIATION

PLEASE FAX OR FORWARD REGISTRATION BY MAIL

Fax #405-286-3265, 6531 N. Classen Blvd, OKLAHOMA CITY, OK 73116

OFFICE USE:

DATE OF REGISTRATION: _____

STUDENT # _____

DATE FEE PAID: _____