

SOUTH CAROLINA LAW ENFORCEMENT ASSISTANCE PROGRAM
2501 HEYWARD STREET, COLUMBIA, SC 29205

COURSE REGISTRATION FORM

Please use this form to register for all seminars and workshops provided by SCLEAP. Use a separate form for each person attending. Registrations will be handled on a first-come, first-served basis. When all slots are filled, a waiting list will be compiled based on date registration is received. SCLEAP staff will contact you with program details after registration is received.

Name of course: _____

Date of course: _____

Name: _____ Sworn Officer: Yes No

Address: _____

City: _____ Zip Code: _____

Department/agency: _____

Work phone: _____ Fax: _____ Radio call sign: _____

Work cell phone: _____ Personal cell: _____

E-mail: _____

Name to be used on name tag: _____

Briefly describe your reason for taking this course or the critical incident in which you were involved: (such as fatal shooting, serious child abuse case, line of duty death of co-worker, etc.) _____

Please print your name as it should appear on your certificate:

Return form to: South Carolina Law Enforcement Assistance Program

2501 Heyward Street

Columbia, SC 29205

or fax to: 803-252-2841

Questions: J. Eric Skidmore at SCLEAP phone: 803-252-2664 or cell: 803-206-8961