WEST REGION POLICE ACADEMY
ENROLLMENT FORM

CADET INFORMATION:

Class #: _____ Cell Phone: _____

First Name: _____

Last Name: _____ Birth Date: _____

Permanent Address: _____

_____

Owning Installation: _____

Agency Head: _____

Agency Head Phone Number: _____

**********ACADEMY USE ONLY**********

ASSIGNED LODGING_____

VEHICLE INFORMATION:

Make: _____

Model: _____

Color: _____

Year: _____

Plate: _____ State: ____

FAX THE COMPLETED ENROLLMENT FORM TO (210) 295-2249
OR E-MAIL TO WSMR_IMCOMWEST@US.ARMY.MIL