



# Manchester Police Department Training Registration Form

Training Class Date(s)

\_\_\_\_\_

Class location

Manchester Police Department  
Michael L. Briggs Public Safety Building  
405 Valley Street  
Manchester, NH 03103

## Attendee Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

## Registration Fees

\_\_\_\_\_

Total Due: \$ \_\_\_\_\_

## Payment

Check enclosed

## **Check made payable to:**

City of Manchester

## **Please mail check and registration form to:**

Manchester Police Department  
405 Valley Street  
Manchester, NH 03103  
Attention: Training Division

*A registration form must be completed for each attendee even if there are multiple attendees from one department.*