

San Diego County Law Enforcement
University of California San Diego
2018 Academy Reservation Form

Name of Agency: _____

Contact Advisor: _____

E-Mail Address: _____

Department Address: _____

Phone Numbers: Work Dispatch: _____

Cells: _____

Work: _____

Total # of Explorers & Advisors - **\$460.00 per person**

PHASE	MALE	FEMALE
1 (purple)		
2 (green) *OC form		
3 (blue)		
Advisors		
<u>Make checks payable to SDCLEEEA</u>		
Total Amount Due:	\$	

Deposit sent (50% of total) _____ Amount sent _____

Deposit due by May 31, 2018 (\$230 pp)

Final payment due by June 29, 2018 (remaining balance/\$230.00 pp)

Scan/email or mail this reservation form along with payment to:

San Diego County Law Enforcement Explorer Academy

Agent Pricilla Graton

City of Chula Vista Police Department

315 Fourth Avenue

Chula Vista, CA 91910

(619) 385-6620 Cell

Forms may be scanned and emailed to: sdcleeeaa@gmail.com

For Academy use only

Amount received _____

Date received _____

Balance due _____

Balance paid _____

Date received _____