

CITIZENS ACADEMY APPLICATION

PLEASE COMPLETE THE FOLLOWING

ATTENDEE #1

NAME

DATE OF BIRTH

COMPLETE ADDRESS

CITY, STATE, ZIP

HOME OR CELL PHONE

BUSINESS PHONE

EMAIL

ATTENDEE #2

NAME

DATE OF BIRTH

COMPLETE ADDRESS

CITY, STATE, ZIP

HOME OR CELL PHONE

BUSINESS PHONE

EMAIL

CLASS

EVENING: 6:00 – 9:00 P.M.

SESSION PREFERENCE

August – October



QUESTIONS CONCERNING THE CITIZENS ACADEMY SHOULD BE DIRECTED TO
THE PROGRAM COORDINATOR AT 301-475-4200 EXT. 71910