



# WOLFHOUND COP TRAINING

## Registration Form

Date of class

Course Name

Student Name

Agency/Police Department

### Attendee Information

Email Address

Cell Phone

Work Phone

Department Address

City

State

ZIP Code

Rank & Years of Service

Current Assignment

Shift

Home Address

MCOLES Number

City

How Did You Find This Class

State & Zip Code

Personal Email Address



Email completed form to: [info@wolfhoundcoptraining.com](mailto:info@wolfhoundcoptraining.com)  
Make Checks payable to: Wolfhound Cop Training  
Send to: 3595 Baldwin Road #267, Lake Orion MI 48359



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WOLFHOUND COP TRAINING LLC  
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