



## TRAINING COURSE REGISTRATION

**Course Applicant Please complete this form and send via email attachment or regular mail to the listed course contact person.**

**Course Location:**

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**Course Date:**

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**Course Name:**

**Students Name:**

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**Mailing Address:**

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**City:**

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**Prov/State:**

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

**Phone #:**

(\_\_\_\_) \_\_\_\_\_ **Group/Unit/County:** \_\_\_\_\_

**E-Mail Address**

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**Current JHPTS Certification** *(please check one)*

New Student

Basic Tracker

Apprentice Tracker

Journeyman Tracker

Sign Cutter

Deposit Enclosed

\$ **50.00** \_\_\_\_\_

Tuition Fee Enclosed

\$ \_\_\_\_\_

Applicant: This space provided for you to note or request any elements or questions that you might have and wish the contact person to respond.

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