

# 2016 Law Enforcement Torch Run Registration Form



Department/Agency: \_\_\_\_\_

LETR Department Coordinator: (Including Title) \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Mailing Address (NO PO BOXES): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*\*REQUIRED*

Department Coordinator Email: \_\_\_\_\_

*\*REQUIRED*

Secondary Contact Email: \_\_\_\_\_

*\*SUGGESTED*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Official Use Only**

Kickoff: \_\_\_\_\_

ID# \_\_\_\_\_

Date Rec: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Initials: \_\_\_\_\_