

2015 Law Enforcement Torch Run Registration Form



Department: _____

Name: (Including Title) _____

Preferred Name to be called: _____

Mailing Address (NO PO BOXES): _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

**Please provide email address to stay informed about LETR & SOGA events*

Preferred Method of Contact: Email Work Phone Cell Phone

**Please note that Email is the most efficient way for SOGA to communicate and send monthly updates.*

(Please Check One)

- I am: The Department Coordinator (Primary Contact) The Secondary Contact
 A Department Volunteer
 I am interested in being a route director

Comments: _____

For Official Use Only

Kickoff: _____

ID# _____

Date Rec: _____

Date Entered: _____

Initials: _____