**AGENCY/SAR TEAM Name and Logo**

**NAME OF SAR TRAINING**

**Date • Training City/Town**

**GENERAL SAR TEAM INFORMATION**

Sheriff’s Office / SAR Team:

Address:       City:       State:       Zip:

Telephone:       Contact Email:

**DEPUTY SAR TEAM MEMBERS REGISTRANT INFORMATION**

**LEO REGISTRANT #1**

Name:       Title:

Email:       Phone:

**LEO REGISTRANT #2**

Name:       Title:

Email:       Phone:

**LEO REGISTRANT #3**

Name:       Title:

Email:       Phone:

**VOLUNTEER SAR TEAM MEMBERS REGISTRANT INFORMATION**

**VOLUNTEER REGISTRANT #1**

Name:       Title:

Email:       Phone:

**VOLUNTEER REGISTRANT #2**

Name:       Title:

Email:       Phone:

**VOLUNTEER REGISTRANT #3**

Name:       Title:

Email:       Phone:

**REGISTRATION FEE**

**No Training Fee** . Training is hosted under the SAR Subcommittee and therefore no registration fee will be charged to attendees.

**PREREQUISITE COURSES**

This training course has the following prerequisites:

* List required prerequisite courses

**EQUIPMENT**

This training course requires the following equipment for each registrant:

* List required equipment

**SLEEPING ACCOMODATION INFORMATION**

Registrants are responsible for their own lodging accommodations. Below are recommendations.

HOTEL #1

Name of Hotel

Phone Number

Address

HOTEL #2

Name of Hotel

Phone Number

Address

CAMPING OPTION #1

Name of Local KOA

Phone Number

Address

CAMPING OPTION #2

Name of nearby Campground

Address

**MEALS**

Registrants are responsible for their own meals. Registrants are responsible for packing adequate snacks and lunches for each training day. Be sure to consider the type of training when packing your lunch and snacks to ensure you have ample calories. Below are recommendations for evening meals.

RESTAURANT #1

Name of Restaurant

Phone Number

Address

RESTAURANT #2

Name of Restaurant

Phone Number

Address

**TRAINING LOCATION**

List Training Course Location Name and Address

**SUBMIT YOUR REGISTRATION**

**Please complete and return this registration form to the SAR TEAM NAME.**

 by mail: SAR TEAM MAILING ADDRESS

 by email: SAR TEAM EMAIL

**CANCELLATIONS**

Cancellations must be made 10 days in advance of the training. Due to extenuating circumstances, substitutions are allowable. In the case of a cancellation and/or substitution, contact: NAME OF TRAINING ORGANIZER. EMAIL and PHONE NUMBER OF TRAINING ORGANIZER.

**QUESTIONS**

If you have questions or concerns, please contact NAME OF TRAINING ORGANIZER. EMAIL and PHONE NUMBER OF TRAINING ORGANIZER.