

Troy Police Department

C.A.T. Class

Student's Name: _____

Student's Age: _____ Student's Date of Birth: _____

Parent's Name: _____

Address: _____

Parent's Phone: _____

Parent's Email: _____

Please check which class session you would like to attend:

Group A – June 15 & 16

Group B - July 20 & 21

Classes will be from 6-9 pm on Friday night at the Troy Recreation Center and Saturday morning from 8 am – 2 pm at the Troy Airport.

You will be contacted after their class sign up request is received to finalize the sign-up process. The required registration forms will be sent to you as part of finalizing the sign-up process. These forms must be filled out and the student must bring them on the first night of class along with the \$25 course fee.