

Reading Police Academy IPMBA Police Cycling Class

Date of Application:

Name: Last, First

Department &
Address

Phone Number

NOTE: Your agency must have Permission to Bill Roster on file with the Academy prior to submission of this form.
Return to: READING POLICE ACADEMY
FAX THIS COMPLETED FORM TO: 610-655-6393 or
Scanned/email to: andrew.winters@readingpa.org or rosa.avram@readingpa.org