West Lafayette Police RAD Training
Application for Enrollment
(Women only)

Location of Training You Wish to Attend: _____

Name: _____
Date of Birth: _____
Address: _____
City, State, Zip: _____

Email address: _____

Occupation: _____
Employer: _____

Daytime Phone: _____
Cell Phone: _____

Why do you wish to attend the RAD training? _____

Return to:
West Lafayette Police Department
c/o Marcus Slifer
711 W. Navajo Dr
West Lafayette, IN 47906
mslifer@wl.in.gov