

# Western Special Constable Service Women's Self Defence Clinic

## Registration and Deposit Form

Surname			First Name			Middle Initial		
Street Address						City		
Province			Postal Code			Phone Number		
Email Address								
Course Date								

### Administration Only

\$20.00 Deposit Received – CASH ONLY:  (exact payment received) Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Circulation: Copy of Registration Form/Receipt to Applicant:  Original and Deposit in sealed envelope to RAD Instructor