



HOLLAND COLLEGE
PRINCE EDWARD ISLAND

COURSE REGISTRATION FORM

Form must be completed in its entirety.

DATE:

APPLICANT DATA

PLEASE PRINT CLEARLY

| | | | |
|-------------------------------|------------------|----------------|--------------------------|
| RANK / POSITION | | | |
| LEGAL SURNAME | LEGAL FIRST NAME | | MIDDLE INITIAL |
| Home Address | | | Date of Birth (YY/MM/DD) |
| CITY | | PROVINCE | POSTAL CODE |
| EMAIL ADDRESS | | PHONE CONTACT# | |
| NAME TO APPEAR ON CERTIFICATE | | | |

COURSE INFORMATION

COURSE TITLE

COURSE START DATE

APA
COURSE LOCATION

NAME OF APPROVING OFFICER

PHONE CONTACT

NAME OF POLICE FORCE/SERVICE/AGENCY

MAILING ADDRESS

EMAIL ADDRESS OF CONTACT FOR BILLING

FAX#

CITY

PROVINCE

POSTAL CODE

EMAIL COMPLETED FORM TO: apainservicetraining@hollandcollege.com OR FAX 902-888-6725

NOTE: A \$500 cancellation fee per candidate will apply if cancellation notice is not received at least 2 weeks prior to commencement date of the course

NOTES