

2007 BUILDING CLEARING TRAINING WORKSHOP

10/26/2007

RESERVATION REQUEST / REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NUMBER: _____

ARE YOU PART OF A TEAM? N__ / Y__ NAME _____

DSAP MEMBER: N__ Y__ MEMBERSHIP # _____ FEE ATTACHED _____

Circle date of arrival

ARRIVAL DATE (26th) (27th) Check in on Friday 10/26 – after 5:00 pm _____

WILL YOU BE USING THE MEALS ON BASE?

Y__ N__ (27th, 28th B / L / D ?)

Menu will be sent for yes responses.

HOUSING

For room reservations the following information is required

Name: _____

Each room has one bed. Bathroom facilities shared. Male and Female housed separately.

Return this form to:

Deputy Sheriffs' Association of Pennsylvania

P.O. Box 147

Warminster, PA 18974

- or -

Fax to: 215-672-7755