

STUDENT APPLICATION

Name:	Phone:	Date:
Address:	Email:	
City:		Postal Code:
Course:		
Course Date:	Shirt Size (Circ	cle One): S M L XL 2XL
Emergency Contact Information:		
Law Enforcement Agency/Military L	Jnit:	
* In Accordance with ITAR Regulation	ons, only U.S. Citizens are acce	pted to participate in Reston Group courses
<u>Credential Requirements</u>		
Students must submit copies of the	following credentials in order	to be considered for course enrollment:
US Driver's License		
 Current LE/MIL ID Card (Active, Reserves, Retired)	
		iminal history from LE agency.
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Application Process		
 Complete the application ab via mail to: 	ove and submit a copy via em	ail to <u>ireston@restongrouptraining.com</u> or
Reston Group		
505 Sebastian Square	<u> </u>	
St. Augustine, FL 320		
2. You will be contacted to con		ourse.
Cancellation Policy		
Cancellation outside of thirty (30) days from cooprovided 50% refund. Cancellation within fourt course at any time with reasonable notice giver	een (14) days of course date will be NO to the participants. In the event of can	Outside of fourteen (14) days prior to course date will be refund. Reston Group reserves the right to cancel the cellation by Reston Group, a 100% refund of the course fee le airline fares, other penalties or travel related expenses
By signing below, you affirm that you unde	rstand the prerequisites listed abov	e for attending a Reston Group course.
D.C. I. N	Charles	