

LEBA Registration Form

First Name: _____ MI: _____ Last Name: _____
Department: _____ Rank: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Cellular: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____
Email Address: _____

List your experience as a bike patrol officer:

Your cycling ability is: Beginner Intermediate Advanced Expert

T-Shirt Size: _____ Mountain Bike Brand: _____

All students must be considered on-duty with their respective departments and need their department head's signature.

Print Department Head's Name

Signature of Department Head