



Application for
LIVINGSTON COUNTY SHERIFF'S DEPARTMENT
EXPLORERS' ACADEMY

150 S. Highlander Way Howell MI 48843

(Registration Deadline 7/03/09)

Name:		High School:	
Sex:	M F	Referral:	
Date of Birth:	Age:	Ref. Phone #:	
Address:		Grade Level	/GPA
City:		State:	Zip:
Phone#:		Cell:	

Parental Approval is required with the understanding that this program is designed for mature young adults, who will be exposed to real life adult situations and language relative to criminal behavior.

Parents Signature: _____ gives
Permission to attend the LCSD/Explorers' Academy

In case of Emergency \\
Please Contact: _____ /Relationship _____ Phone# _____
Alternative: _____ /Relationship _____ Phone# _____

Lunches Provided

ADULT SHIRT SIZE: S M L XL XXL

\$150.00 Checks Only, Payable to LCSD Explorers' Post #373

For additional information please contact Youth Bureau/Detective Donald Welch at 517 546 2440 ext 7930