

City of Tarpon Springs Citizen's Academy Application

Thank you for your interest in the City of Tarpon Springs Citizen's Academy. Applications are considered on a first come first served basis. This application is intended to receive information for those participating. To ensure an environment that is conducive to learning, as well as fun, class size is limited to 25 people. Please contact the City Clerk's Office at (727) 942-5614, Option 5, if you have any questions.

(Please type or print information)

Name:	Shirt Size (Unisex):					
Home Address:						
City:	Zip:					
Mailing Address:						
Home Phone:	Business/Cell Phone:					
Email Address:						
How Long have you liv	red inor worked in the City of Tarpon Springs?					
Occupation:						
Employer Name:	Type of Business:					
Please indicate why you (attach additional sheets			vhat you w	rould hope	to learn from th	e program.
Are you willing and able	to attend	a minimum of 7 out o	of the 8 cla	sses?	Yes	Νο
Are you availabe should a special class session be necessary ?					Yes	No
Do you feel you understand the purpose of the Citizen's Academy?					Yes	Νο
SIGNATURE:					DATE:	
Please return completed applic	ation to the	City Clerk's Office:				
Mailing Address: City of Tarpon Springs Attn: City Clerk's Office P.O. Box 5004 Tarpon Springs, FL 34688-5004	or	Physical Address: 410 N. Ring Avenue	or	E-Mail Add <u>Cityclerk</u>	ress: <u>1@ctsfl.us</u>	