Western Colorado Peace Officers Academy

Refresher Academy Application Packet

2508 Blichmann Avenue
Grand Junction, CO 81505
(970) 255-2821

Rev. 12/15/2010
Before selecting a status, please read all four categories carefully.

I am applying as:

☐ INDIVIDUAL – I have no affiliation with a law enforcement agency. My application is neither sponsored nor recommended by the head of a law enforcement agency. Upon acceptance, I will be solely responsible for the payment of tuition.

☐ SPONSORED* – I am currently a civilian employee with the following law enforcement agency:

As noted below, my full tuition will be paid by my agency, because my application is sponsored by that agency. All academy selection processes (drug screen, medical, background investigation, work keys exam, etc.) will be waived for agency sponsored students.

☐ RECOMMENDED (EMPLOYEE)* – I am currently a civilian employee with the following law enforcement agency:

As noted below, my application is being recommended by that agency. However, upon acceptance, I will be solely responsible for the payment of tuition.

☐ RECOMMENDED (NON-EMPLOYEE) – While not an employee of the following law enforcement agency:

I have had a significant, professional association with that agency. As noted below, my application is being recommended by that agency. However, upon acceptance, I will be solely responsible for the payment of the tuition.

* This category of applicant will not pay for or undergo a background investigation. However, if you provide written proof that within the previous twelve months you underwent a physical examination, and/or drug screening in relation to your employment, and the results were accepted by your agency, then you need not undergo another examination and/or screening.
Certification for **SPONSORED** or **RECOMMENDED (EMPLOYEE)** applicant.

(To be completed by agency head)

As the head of the following law enforcement agency: _________________________________,
I verify that our agency conducted a thorough background check on: _______________________
_______________________________. Name and date

I further verify that nothing from the background check nor anything made known to us while
the applicant has been our employee would preclude his/her admission to the Western Colorado
Peace Officers Academy (WCPOA).

Accordingly, I hereby:  □ Sponsor
 □ Recommend

the applicant’s admission, reserving the right to rescind that sponsorship or recommendation for
good cause. By **Sponsoring** the applicant, I recognize that my agency will be solely responsible
for paying the applicants tuition. I recognize that by **Recommending** the applicant, he/she will
be solely responsible for paying tuition.

I understand that students of WCPOA are required to meet academic, skill, and behavioral
standards and are subject to disciplinary actions that may include dismissal for serious and/or
repeat violations of the WCPOA rules, regulations, and standards.

Print Title and Name

Signature of Head of Law Enforcement Agency ___________________________ Date ___________________________
Certification for **RECOMMENDED (NON-EMPLOYEE)** applicant:
(To be completed by agency head)

As the head of the following law enforcement agency: __________________________________, I verify that our agency has had a significant, professional relationship with _____________________________. Based upon that relationship, I further verify that nothing is known by this agency that would preclude admission of the applicant. Accordingly, I hereby recommend the applicant’s admission to the Western Colorado Peace Officers Academy (WCPOA). I recognize that the applicant will be solely responsible for paying tuition.

☐ I recommend WCPOA conduct a background check.
☐ I do not recommend that the applicant pay for and undergo a background check.

I understand that students of the WCPOA are required to meet academic, skill, and behavioral standards, and are subject to disciplinary actions that may include dismissal for serious and/or repeat violations of the WCPOA rules, regulations or standards.

________________________________________________________
Print Title and Name

____________________________________________ ___________________________
Signature of Head of Law Enforcement Agency Date
Review and check-off each item noted below to ensure that you have provided the required document or information as part of your application packet.

☐ Liability Waiver (signed and dated)

☐ Certificate of Application, Lack of Criminal History, and Release of Information (signed, dated, and NOTARIZED)

☐ P.O.S.T. fingerprint card completed and mailed by MCC: MCC 1236 North 7th St. Grand Junction, CO 81501 or to P.O.S.T. directly by the student.

☐ Copy of current CPR AND FIRST AID CARDS (If you are not certified a course will be offered)

☐ Copy of current valid driver’s license

☐ Verification of previous POST (photocopy)

☐ POST 11-E Form

☐ POST form 4 if renewing Colorado Certification

☐ POST form 3 if you are going through the out-of-state provisional process
COMMON QUESTIONS:

1-A WHAT CAN I EXPECT THE FIRST DAY OF CLASS?
2-A WHAT PHYSICAL ACTIVITIES CAN I EXPECT?
3-A WHAT DOES MY TUITION COVER?
4-A HOW CAN I CONTACT THE ACADEMY?
5-A HOW IS TUITION TO BE PAID?

FORMS:

1-B LIABILITY WAIVER
2-B CERTIFICATION OF APPLICATION AND LACK OF CRIMINAL HISTORY, AND RELEASE OF INFORMATION – NEEDS TO BE NOTARIZED
3-B APPLICATION
4-B HOUSING INFORMATION
5-B QUESTIONNAIRE
6-B EMERGENCY CONTACT FORM
7-B DIRECTIONS TO THE ACADEMY
Western Colorado Peace Officers Academy

Common Questions
1-A WHAT CAN I EXPECT THE FIRST DAY OF CLASS?
   ▪ The day begins with an orientation that covers topics such as examinations, tuition payments, etc. Courses will also be presented.
   ▪ WCPOA uniforms are the appropriate attire. Uniforms will consist of Academy T-shirt, Black BDU Pants, Black Belt, and Black tennis shoes or black boots.
   ▪ Students must pay their full tuition payment by the first day of the academy (check or money order payable to WCCC).
   ▪ Bring materials for taking notes.

2-A WHAT PHYSICAL ACTIVITIES CAN I EXPECT?
Most classes will be conducted in the classroom, and won’t require much physical activity. There will be two days of driving and two days of firearms which will require some physical activity.

3-A WHAT IS PROVIDED AS PART OF MY TUITION?
Use of academy firearms, ammunition, equipment, facilities, housing (if applicable), POST Exam, academy shirt, hat and related instruction. Extra shirts will be at the expense of the student.
   • Students need to provide their own duty gear and black BDU pants (gun, belt, etc.). The academy will provide holsters and magazine pouches.
   • Students must also have the latest edition of the “Colorado Peace Officers Handbook”. The handbook can be purchased at the Mesa State Bookstore (970-248-1422)

4-A HOW CAN I CONTACT THE ACADEMY?
The local phone number is (970) 255-2600 or toll free at (888) 455-2617. You can also call or email the director at (970) 255-2821 – joreece@mesastate.edu. You are welcome to visit us at 2508 Blichmann Avenue, Grand Junction, CO 81505.

5-A HOW IS TUITION TO BE PAID?
Tuition is $1500 with housing and $1300 without housing. Tuition must be paid in full prior to the beginning of the academy.
Forms
Western Colorado Peace Officers Academy

Liability Waiver

The undersigned certifies and agrees to the following terms and conditions:

1. I have no pre-existing condition that would prohibit me from engaging in all training at the WCPOA.
   ______ Initials

2. I understand that Arrest Control Tactics (ACT) Class(es) require physical exertion and physical activity which is undertaken with other persons. My participation in ACT training poses a risk of physical injury, illness or other harm to me and I expressly assume all risk and responsibility for any and all injury, illness, and harm of whatever nature, kind or degree.
   __N/A__ Initials

3. I represent that I am mentally and physically capable of completing 64 hours of Arrest Control Tactic Training (ACT), which will include a minimum of performing:
   • Push ups (daily while in ACT training)
   • Sit ups (daily while in ACT training)
   • Running in formation for 1 1/2 to 2 miles (daily while in ACT training)
   • Strength training drills to include personal weapon strikes, e.g. front punches, kicks, etc. to the body
   • Handcuffing drills, e.g. stress-inducing drills
   • Baton drills
   • Control hold/take down techniques, e.g. joint manipulation & stress-inducing drills
   • Pressure point application, e.g. application to nerve endings throughout the body
   ___N/A__ Initials

4. I agree to read and abide by all policies, procedures, instructions, and training methods provided or otherwise made available by the Western Colorado Peace Officers Academy (WCPOA), its instructors and staff, including orientation procedures for new students, WCPOA medical treatment policies and procedures, and all other related WCPOA, policies and procedures, written and oral.
   ______ Initials

5. I agree that the health, welfare, and safety of all students, instructors, and staff of WCPOA are of paramount importance. I certify that I do not have a communicable or contagious disease or other health condition that poses or could pose a medically recognized, unreasonable or dangerous risk of harm to other students, instructors, or staff at the WCPOA.
   ______ Initials

6. I understand that I am responsible for all personal property I choose to bring to WCPOA, and I expressly assume all risk of loss of, or damage to such personal property.
   ______ Initials

7. I also understand that many other aspects of the training at WCPOA, such as Law Enforcement Driving and Law Enforcement Firearms Training, will involve me in situations that could result in harm or injury to me. I further understand that my participation in all of the courses that make up the Basic Law Enforcement Program is required in order for me to take the P.O.S.T. examination for certification as a Colorado Peace Officer. Accordingly, on behalf of myself, my heirs, assigns, agents, personal representatives, dependants, and all others who may act on my behalf, I forever hold harmless and unconditionally release WCPOA, its instructors and its staff, the Board of Trustees of Mesa State College, Mesa State College, and all current and former employees of Mesa State College from any and all liability, claims, demands, actions, and courses of action whatsoever arising from any and all damage, loss, injury or other harm to myself or my property while participating in Arrest Control Tactics or any other aspect of my training and education while participating in the WCPOA program, whether such loss, damage, injury, or harm is caused by my own conduct or that of another person.
   ______ Initials

8. The terms of this Liability Waiver may be modified only with the written consent of WCPOA and are governed by and subject to the laws of the state of Colorado.
   ______ Initials

9. I certify that I read and understand the English language, and that I have thoroughly read and now understand all the terms and conditions of this Liability Waiver. I further agree that if any section, condition, or term of this Liability Waiver is adjudicated to be unenforceable under applicable law, the remaining sections, conditions, and terms shall not be affected and shall remain enforceable and binding upon me.

Signature: ___________________________________________ Date: ______________________
Print Name: __________________________________________
I, ____________________________, certify that I have personally completed all aspects of this application and all attachments. I certify that all the answers are accurate and complete to the best of my knowledge and belief, and I certify that all of the information provided in my application is accurate and complete.

I certify that I have never been a) convicted of a felony crime/offense in any state or federal court, b) convicted of any of the Colorado misdemeanors listed below, and c) convicted of a crime/offense comparable or similar to any of the Colorado misdemeanors listed below in any federal or other state’s court. I further certify that no felony or listed or comparable or similar misdemeanor is pending against me. I authorize the Western Colorado Peace Officers Academy and any of its staff, employees, or agents to perform a background investigation to verify the truth of these statements.

<table>
<thead>
<tr>
<th>Colorado Misdemeanors</th>
<th>Federal Misdemeanors</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-3-204 Assault in the third degree</td>
<td>18-8-208.1 Attempt to escape</td>
</tr>
<tr>
<td>18-3-402 Sex assault</td>
<td>18-8-212 Violation of bail bond conditions</td>
</tr>
<tr>
<td>18-3-404 Unlawful sexual contact</td>
<td>18-8-304 Soliciting unlawful compensations</td>
</tr>
<tr>
<td>18-3-405 Sex assault on a client by a psychotherapist</td>
<td>18-8-305 Trading in public office</td>
</tr>
<tr>
<td>18-3-412.5 Sex offenders-duty to register-penalties</td>
<td>18-8-308 Failing to disclose a conflict of interest</td>
</tr>
<tr>
<td>18-6-403 Sexual exploitation of children</td>
<td>18-8-403 Official oppression</td>
</tr>
<tr>
<td>18-7-201 Prostitution prohibited</td>
<td>18-8-404 First degree official misconduct</td>
</tr>
<tr>
<td>18-7-202 Soliciting for prostitution</td>
<td>18-8-503 Perjury in the second degree</td>
</tr>
<tr>
<td>18-7-203 Pandering</td>
<td>18-8-611 Simulating legal process</td>
</tr>
<tr>
<td>18-7-204 Keeping a place of prostitution</td>
<td>18-8-612 Failure to obey a juror summons</td>
</tr>
<tr>
<td>18-7-208 Promoting sexual immortality</td>
<td>18-8-613 Willful misrepresentation of material fact on juror questionnaire</td>
</tr>
<tr>
<td>18-7-302 Indecent exposure</td>
<td>18-8-614 Willful harassment of juror by employer</td>
</tr>
<tr>
<td>18-7-601 Dispensing violent films to minors</td>
<td>18-8-802 Duty to report use of force by peace officers</td>
</tr>
<tr>
<td>18-8-102 Obstructing government operations</td>
<td>18-8-802 Duty to report use of force by peace officers</td>
</tr>
<tr>
<td>18-8-103 Resisting arrest</td>
<td>18-9-111 Harassment</td>
</tr>
<tr>
<td>18-8-104 Obstructing a peace officer, firefighter,</td>
<td>18-9-121 Ethnic intimidation</td>
</tr>
<tr>
<td>emergency medical services provider, rescue</td>
<td>18-18-404 Unlawful use of controlled substances</td>
</tr>
<tr>
<td>specialist, or volunteer</td>
<td>18-18-405 Unlawful distribution, manufacturing,</td>
</tr>
<tr>
<td></td>
<td>dispensing, sale, or possession of a controlled</td>
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<tr>
<td></td>
<td>substance</td>
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<tr>
<td>18-8-108 Compounding</td>
<td>18-18-406 Offenses relating to marijuana and</td>
</tr>
<tr>
<td>18-8-109 Concealing death</td>
<td>marijuana concentrate</td>
</tr>
<tr>
<td>18-8-111 False reporting to authorities</td>
<td>18-18-411 Keeping, maintaining, controlling,</td>
</tr>
<tr>
<td>18-8-112 Impersonating a peace officer</td>
<td>renting, or making available property</td>
</tr>
<tr>
<td>18-8-113 Impersonating a public servant</td>
<td>for unlawful distribution or manufacture</td>
</tr>
<tr>
<td>18-8-114 Abuse of public records</td>
<td>of controlled substances</td>
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<tr>
<td>18-8-201 Aiding escape</td>
<td></td>
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<tr>
<td>18-8-204.2 Possession of contraband in the second</td>
<td></td>
</tr>
<tr>
<td>degree</td>
<td></td>
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<tr>
<td>18-8-208 Escapes</td>
<td></td>
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</tbody>
</table>
I understand that any misstatement of fact or willful withholding of information during the application process will disqualify me, or if selected to attend, will be cause for immediate dismissal from the Western Colorado Peace Officers Academy (WCPOA). Should I be so disqualified or dismissed, I understand that I will remain liable for all charges incurred as part of the application process, and that I will not be eligible for any refund for money I paid for such things as a background investigation and a fingerprint check. If a student is dismissed after completion of a portion of the academy, the student will be receive a tuition refund consistent with refund schedule set forth on page 6 of the academy bulletin.

I authorize WCPOA and/or its staff, employees, or agents to release any and all information concerning my application to, participation in or graduation from the WCPOA to any agency or its representatives or agents requesting such information as part of my application for employment by that agency.

Signature of Applicant ___________________________ Date ___________________________

Subscribed and sworn to before me this ______ day of ____________, 20____.

Notary Public ___________________________ My commission expires: ___________________________
## Applicant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Full Name</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Address: STREET ADDRESS</td>
<td>APARTMENT/UNIT #</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>SSN</td>
<td></td>
</tr>
<tr>
<td>Best way to contact you during normal hours:</td>
<td>Home   □</td>
</tr>
<tr>
<td>Are you a citizen of the United States?</td>
<td>Yes □</td>
</tr>
<tr>
<td>Which Class are you applying for?</td>
<td>Day □</td>
</tr>
<tr>
<td>If no, are you authorized to work in the U.S.?</td>
<td>Yes □</td>
</tr>
<tr>
<td>Do you have any previous Law Enforcement training?</td>
<td>Yes □</td>
</tr>
<tr>
<td>If “yes”, with what agency?</td>
<td></td>
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</table>

## Education

<table>
<thead>
<tr>
<th>Education</th>
<th>Information</th>
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<tbody>
<tr>
<td>High School:</td>
<td></td>
</tr>
<tr>
<td>Attended:</td>
<td>FULL NAME</td>
</tr>
<tr>
<td>From:</td>
<td>MONTH/YEAR To: MONTH/YEAR</td>
</tr>
<tr>
<td>Did you graduate?</td>
<td>Yes □</td>
</tr>
<tr>
<td>College:</td>
<td></td>
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<tr>
<td>Attended:</td>
<td>FULL NAME</td>
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<tr>
<td>From:</td>
<td>MONTH/YEAR To: MONTH/YEAR</td>
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<tr>
<td>Did you graduate?</td>
<td>Yes □</td>
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<tr>
<td>Other:</td>
<td></td>
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<tr>
<td>Attended:</td>
<td>FULL NAME</td>
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<tr>
<td>From:</td>
<td>MONTH/YEAR To: MONTH/YEAR</td>
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<tr>
<td>Did you graduate?</td>
<td>Yes □</td>
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</tbody>
</table>
If you didn’t graduate from high school, provide specifics of where and when you received your G.E.D.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please list three professional references.

Full Name: ____________________________ Relationship: ____________________________
Occupation: ____________________________ Years Known: ____________________________
Address: ________________________________ Phone: ________________________________

Full Name: ____________________________ Relationship: ____________________________
Occupation: ____________________________ Years Known: ____________________________
Address: ________________________________ Phone: ________________________________

Full Name: ____________________________ Relationship: ____________________________
Occupation: ____________________________ Years Known: ____________________________
Address: ________________________________ Phone: ________________________________

Please include all employment for the past five years, beginning with the most recent employer first. You may include additional pages if needed.

Company: ____________________________ Phone: ____________________________
Address: ________________________________ Supervisor: ____________________________
Job Title: ____________________________ Starting Salary: $__________ Ending Salary: $__________
Responsibilities: ______________________________________________________________________
From: ____________ To: ____________ Reason for Leaving: ________________________________

MONTH/YEAR MONTH/YEAR

Company: ____________________________ Phone: ____________________________
Address: ________________________________ Supervisor: ____________________________
Job Title: ____________________________ Starting Salary: $__________ Ending Salary: $__________
Responsibilities: ______________________________________________________________________
From: ____________ To: ____________ Reason for Leaving: ________________________________

MONTH/YEAR MONTH/YEAR
### Employment (Continued)

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<tr>
<th>Company: ___________________________</th>
<th>Phone: ___________________________</th>
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<tr>
<td>Address: __________________________</td>
<td>Supervisor: _____________________</td>
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<tr>
<td>Job Title: _________________________</td>
<td>Starting Salary: $ ____________</td>
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<tr>
<td>Responsibilities: __________________</td>
<td>_________________________________</td>
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<tr>
<td>From: ____________</td>
<td>To: ____________</td>
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<tr>
<td>MONTH/YEAR</td>
<td>MONTH/YEAR</td>
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<td>Job Title: _________________________</td>
<td>Starting Salary: $ ____________</td>
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<tr>
<td>Responsibilities: __________________</td>
<td>_________________________________</td>
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<td>From: ____________</td>
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<td>To: ____________</td>
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<td>MONTH/YEAR</td>
<td>MONTH/YEAR</td>
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Western Colorado Peace Officers Academy

Application
(Continued)

Military Service

Branch: ___________________________________   From: ___________________________ To: ___________________________

Rank at Discharge: __________________________ Type of Discharge: ___________________

If other than honorable, explain: ____________________________________________________

Disclaimer and Signature

I certify that the following answers are true and complete.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal from the academy.

Signature: ___________________________   Date: ___________________________
**Housing Information**

**Contact information:** Chip Thomas (970) 248-1536  
**Location:** Mesa State College Main Campus

**Fingerprint Information**

**Contact Information:** MCC  
**Location:** 1236 North 7th St. Grand Junction, CO 81501
1. Is there any information we need to know about your name or your use of another name in order for us to be able to check your work, driving and criminal records? Please specify:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Do you have any relatives or close friends who are presently attending or who have graduated from WCPOA?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. How did you first learn about WCPOA? ______________________________________
Student Emergency Information
College

Please Print

Student Information

Name: ____________________________ ____________________________ ____________________________  (Name other than legal)

Last  First  MI

Local Address:

Street  City  State  Zip

Phone: ( ___ ) ____________________________ Alt. Phone: (___ ) ____________________________

Gender  DOB  Student ID(700 #)

Emergency Contact Information

Contact Name: ____________________________ ____________________________ ____________________________  (Relationship to student)

(Last, First, MI)

Phone: ( ___ ) ____________________________ Alt. Phone: ( ___ ) ____________________________

Preferred Physician: ____________________________ Phone: ( ___ ) ____________________________

Preferred Hospital: ____________________________

State diseases, medication, etc., that may affect your activities in class:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Information

Permanent Address: ____________________________ ____________________________ ____________________________  ____________________________  ____________________________  ____________________________

Street  City  State  Zip

Phone: ( ___ ) ____________________________ Alt Phone: (___ ) ____________________________

Student's Major: ____________________________
How to get here
It’s easy! I-70 is just minutes from the WCCC campus and airport service is offered through major carriers. Bus and rail services are also available.

From Denver
Take I-70 west for 259 miles to Grand Junction, exit 28 (24 Road). Go left through the roundabout, and turn south (left) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Utah
Take I-70 east, 24 miles past the Colorado/Utah border, to exit 28 (24 Road). Go south (right) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Highway 50
Take Highway 50 north, which turns into 5th Street in town. Take 5th Street to North Avenue. Go west (left) on North Avenue through 1st Street. Shortly after 1st Street, North Avenue merges with Highway 6 & 50. Continue on Highway 6 & 50 to 25 Road. Go north (right) on 25 road past F Road (AKA Patterson Road) to Blichmann Avenue. Turn east (right) on Blichmann Avenue.
Print Your Full Name:

LAST  FIRST  MIDDLE

Your Address:

STREET ADDRESS  CITY  STATE  ZIP

Contact Phone #:

In order for us to be able to forward your emails please provide a current email address which you would like your email delivered to:

☐ Please check here if you do not have an email account.