



**Application for**  
**LIVINGSTON COUNTY SHERIFF'S DEPARTMENT**  
**EXPLORERS' ACADEMY**

150 S. Highlander Way Howell MI 48843

**(Registration Deadline 7/30/12)**

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 LCDS Cadet 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 LCDSBS, Inc

For additional information please contact Youth Bureau/Detective Donald Welch at 517 540 7930