



Application

S.T.A.T.

STUDENT TRAFFIC AWARENESS TRAINING

Please Circle Date of Class you will be attending

May 7th August 20th October 22nd

Please Print Clearly

NAME _____ T-Shirt Size _____

Street Address _____

City, State _____ Zip _____

Phone Number _____ Cell Phone _____

High School or Organization _____

EMAIL ADDRESS: _____

Student Signature _____

Parent or Guardian Signature _____

*Be advised that your picture may be taken during this event and may be published in handouts or by the media.

Applications must be returned to the Clarksville Police Department either in person or by mailing them to
Clarksville Police Department

ATTN: Misty Mackens

135 Commerce St.

Clarksville, TN 37040

Or by EMAIL TO: mmackens@clarksvillepd.org

Any Questions please contact Misty Mackens at 931-648-0656 ext 5453 or mmackens@clarksvillepd.org