PLEASE RETURN THIS FORM WITH YOUR $125 DEPOSIT

Name _____

Street, Route, Box _____

City, State, Zip Code _____

Social Security Number _____

Phone Number _____

Date of Birth _____ Selective Service Number _____

E Mail Address _____

Will Start Classes: Ranger Academy (SOT/POB 18 weeks)

Summer/Fall (August-December) _____ Year ____
or
Winter/Spring (January-May) _____ Year _____

Print your first and last name as you would like it to appear on a name badge. Middle initial is optional.

Method of Payment: ____ Cash ____ Check ____ Charge

☐ MasterCard ☐ Visa ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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Card Owner Expiration Date

Mail To: NATIONAL RANGER TRAINING INSTITUTE
at Hocking College
3301 Hocking Parkway
Nelsonville, OH 45764
Attention: Connie Cassady
Please make checks payable to **Hocking College.**