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| **Eastern Shore Criminal Justice Academy****Reservation Request** |
| **Email reservation form to:** | escjaregistration@worwic.edu |
| **Course:** |       |
| **Course Date/s:** |       |
| **Session (if applicable)** |       |
|  |
| **Last Name** | **First Name** | **MPCTC #** | **Email** |
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| **Request has been approved by:** |       |
| **Agency:** |       |
| **Sheriff/Chief/Warden/Director:** |       |
| **Mailing Address:** |       |
| **Contact Person:** |       |
| **Contact Email:** |       |