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| **Eastern Shore Criminal Justice Academy**  **Reservation Request** | | | | | |
| **Email reservation form to:** | | [escjaregistration@worwic.edu](mailto: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:** | | |  | | |