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 **MADISON POLICE DEPARTMENT**

APPLICATION FOR CIVILIAN RESPONSE TO ACTIVE SHOOTER (CRASE) TRAINING

Date:

Requester’s Name & Title: Click here to enter text.

Phone Number: Click here to enter text.

E-mail Address: Click here to enter text.

Business/Organization: Click here to enter text.

Address of Business/Organization: Click here to enter text.

Within City of Madison? No [ ]  Yes [ ]

Date(s) on which you would like to conduct the training: Click here to enter text.

Expected number of attendees: [ ]  1-24 [ ]  25-49 [ ]  50-74 [ ]  75-100 [ ]  100+

Do you have a location where this training can take place? No [ ]  Yes [ ]

Training requested (with required time needed for instruction):

 [ ]  Lecture – **mandatory** (2 Hours) [ ]  Medical (1 Hour)

 [ ]  Defensive Tactics (1 Hour) [ ]  Security Walkthrough (1 Hour)

Any additional notes: Click here to enter text.

How did you hear about us: [ ]  MPD Website [ ]  Media Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_