



# 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\_\_\_\_\_