



Please complete this application and mail or fax (972-205-2474) to the Office of Neighborhood Vitality, City of Garland, P.O. Box 469002, Garland, TX 75046-9002. For more information, call 972-205-2108.

Registration Form:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: TX Zip Code: _____

Contact Phone: _____

Email Address: _____

Association Name (If applicable): _____

Please indicate which courses.

Course Title: _____

Course Date: _____

If not selected for the above course, would you like your name placed on a waiting list?

Please indicate which certification track in which you have enrolled (if applicable).

Citizen Engagement

Leadership Development

Neighborhood Management

Registrar Use ONLY:

Course #: _____

Registrant Id # _____

Registration confirmed: _____

Fee Paid (if applicable) _____