



REGISTRATION FORM

OCEAN CITY UNIVERSITY
Attn: Diana Chavis, Executive Office Associate
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410-289-8887

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____

STREET/MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ WORK PHONE _____

ALTERNATE/CELL PHONE _____

E-MAIL _____

Are you an Ocean City resident? ____yes ____no

Are you an Ocean City property owner ____yes ____no

Have you attended the Citizens Police Academy? ____yes ____no

Have you attended the CERT Program? ____yes ____no