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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_