

# OUTSIDE AGENCY PARTICIPANT REGISTRATION

— California State Parks, Training Section —

Phone: (831) 649-2954 Email: [MTC@parks.ca.gov](mailto:MTC@parks.ca.gov)

**Instructions:** This form is required for non-DPR staff that are requesting participation in a DPR training class. Please enter the tuition cost amount provided by the Training Specialist assigned to this program.

TRAINING CLASS/PROGRAM TITLE		DATE(S)	
SPECIAL ACCOMMODATIONS			
<input type="checkbox"/> Auditory <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Dietary   Explain: _____			
AGENCY/ ORGANIZATION NAME			
<b>PARTICIPANT INFORMATION</b>			
PARTICIPANT NAME		POSITION TITLE	
WORK ADDRESS			
WORK E-MAIL		PHONE NUMBER	
<b>BILLING INFORMATION</b>			
ACCOUNTING REPRESENTATIVE NAME	E-MAIL	PHONE NUMBER	
BILLING ADDRESS			
STATE AGENCY BILLING CODE	TUITION COST		
<b>NOTE:</b> For cancellations within 14 days of class there will be a charge of 1/2 tuition.			
AUTHORIZATION SIGNATURE	PRINTED NAME	TITLE	DATE
<b>Return completed, signed forms to: <a href="mailto:MTC@parks.ca.gov">MTC@parks.ca.gov</a></b>			
<b>FOR CALIFORNIA STATE PARKS, TRAINING SECTION USE ONLY</b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved ( <i>Reason Below</i> )	TRAINING SPECIALIST SIGNATURE	DATE