

## **Application for Citizens Academy 2015**

Full Name	
Mailing Address	
Physical Address	
Home Phone	Cell Phone
Email Address	
	ember of a City of Sedona Board, Commission, Committee, No □ Yes Which one(s)
Briefly discuss what y and how you plan to u	ou hope to learn as a participant in the Citizens Academy use the information.
How long have you be	een a City of Sedona resident?
How did you hear abo	out the Citizens Academy?
	y will be held on Thursday evenings, March 26 through May n. to 7:30 p.m. Will you be able to attend all 7 classes?
□ Yes □ No	(Certificate presented by City Council for completion of Academy requires attendance of 5 classes)

Please return by **Friday**, **February 27**, **2015** to Ginger Graham via email at <a href="mailto:ggraham@SedonaAZ.gov">ggraham@SedonaAZ.gov</a> or mail to:

City of Sedona Ginger Graham Communications and Public Affairs Manager 102 Roadrunner Drive Sedona, AZ 86336