

# CATI Training Center Enrollment Application

(Cheyenne-Arapaho Technology & Innovation)  
Canadian Square Shopping Center  
1621D East Highway 66  
El Reno, Ok 73036  
405-262-1906



Name:

\_\_\_\_\_

(Last)

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CDIB# \_\_\_\_\_ What do you like to be called: \_\_\_\_\_

Sex: \_\_\_\_\_M \_\_\_\_\_F Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you wish to receive E-mail about classes? Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contacts/Phone Number: \_\_\_\_\_

Class Name: \_\_\_\_\_

Class Time: \_\_\_\_\_ Morning. \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

What do you want to learn?

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

Do you have any needs (Medicine, Equipment)?

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

Optional:

Race, Creed, or National Origin \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

“Serving Cheyenne & Arapaho People With Pride”