



**2020 Kannapolis 101
Application**

Please return this form to:

Erika Riley
City of Kannapolis
401 Laureate Way, Kannapolis, NC 28081
Email: eriley@kannapolisnc.gov

Fax: 704-933-7463

Name: _____

Address: _____

Phone: _____

Email: _____

(Most program information will be e-mailed)

Employer: _____

Occupation: _____

Briefly explain why you are interested in participating in the Citizens Academy? _____

How do you think you will benefit from participating in the Citizens Academy? _____

We share your contact information with the other academy participants, unless you direct us not to.

_____ Please **do not** share my contact information with other academy participants

_____ My information **may be** shared with the others in academy

A meal will be provided at each session. Do you have any dietary restrictions? If, so please explain, so we can be considerate when planning the meals. _____

The City of Kannapolis understands that emergencies and unexpected circumstances arise, please acknowledge by signing this form that you are willing to make the nine-week commitment to this course and will make every effort to attend all of the sessions. If at any time you have to stop participating, notify the coordinator ASAP.

Signature

Date