



PSL 101: CITIZENS ACADEMY
APPLICATION

Name: _____

Residential Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

This program may involve walking tours, including the climbing of stairs, and presentations, please list any physical limitations which will allow the city to consider while planning the program: _____

This program may involve refreshments, please list any special dietary needs which will allow the city to consider while planning the program: _____

In case of emergency, who may we contact on your behalf:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

I hereby understand submittal of this application does not guarantee enrollment into this program. Applications are accepted on a first come, first served basis. As an applicant, I may be placed on a waiting list for future enrollment. I authorize the city to use photography and video of my participation in this class for promotional purposes.

Signature of Applicant

Date of Signature

Please complete and send this application to the attention of: Communications Department, City of Port St. Lucie, 121 S.W. Port St. Lucie Blvd., Port St. Lucie, FL 34984, Fax: (772) 344-4111, Email: ecunningham@cityofpsl.com. For more information, please contact Ed Cunningham, Public Information Officer, at (772) 873-6329.