



Date received by SLEEA _____ Date posted by SLEEA _____ Initials _____
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2024 FEE TRANSMITTAL FORM

The post Advisor or Mentor should complete this form whenever sending payments. Send form and check (payable to SLEEA) directly to Southeastern Law Enforcement Explorer Academy 170 Porter Ave. Biloxi, MS 39530

Note: It is extremely important to use this form when you submit a payment! Payments made without this form attached will delay your registration. *All information on this form is required for proper credit.*

Should you have any questions, call (228) 385-3033 or Cell 228-324-5095 Lt. Joey Payne

Name of Advisor submitting payment _____

Address _____

City _____ State _____ Zip code _____

Advisor daytime phone (____) _____ Advisor fax # (____) _____

Advisor cell phone (____) _____ Alternate # (____) _____

Advisor E-mail address _____

- Check if the name and information above indicates a change of primary Advisor or a change of address for Advisor currently receiving post correspondence.

Amount enclosed represents:

_____ Advisors/adult participants at \$200.00 each = \$ _____
 (No.) includes registration, housing, cookouts.

_____ Youth participants at \$200.00 each = \$ _____
 (No.) includes all expenses

_____ Spouses at \$170.00 each = \$ _____
 (No.) includes registration, shared housing, cookouts.

Total due \$ _____

Please revise your breakdown of participants

	Male	Female
1st Year: (Level I)		
2nd Year: (Level II)		
3rd Year: (Level III)		
Youth Leadership:		
Advisors or Mentors:		
Civilians:		
Spouse:		

KEEP A COPY OF THIS FORM FOR YOUR RECORD