



# 2013 Arrestling Officer Safety Conference



## Registration Form

**Location:** Richland Police Range and Training Center  
3230 Twin Bridges Rd, Richland WA 99354

**Conference Info Contact:** Sgt Don Gulla **Phone:** 206-396-7040 **Email:** [Don.Gulla@Arrestling.com](mailto:Don.Gulla@Arrestling.com)

**Local Contact West Richland:** Sgt Duane Olsen **Phone:** 509-366-1798 **Email:** [dolsen@westrichland.org](mailto:dolsen@westrichland.org)

**Website Info:** [www.Arrestling.com](http://www.Arrestling.com)

**Dates:** July 19-21<sup>st</sup>, 2013

**Times:** 0800-1700 hrs

**Cost:** \$250 Includes Conference Saturday Night BBQ July 20th at 1900 hrs **BBQ Location:** TBA

\$300 For Conference and **Significant Other** attending Safety Training Sunday July 21<sup>st</sup> (Includes Dinner)

Check here if you will be attending the Saturday Night BBQ Dinner: \_\_\_\_\_

Significant Other will attend Dinner: \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Agency/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: Cell \_\_\_\_\_ Email \_\_\_\_\_

If you train with a DT Group, which Arrestling Training Group do you train with and how long have you trained with them. Arrestling Training Location: \_\_\_\_\_ Current Rank: \_\_\_\_\_ Years Training: \_\_\_\_\_

**Hotel:** Red Lion Hotel Richland  
Hanford House  
802 George Washington Way  
Richland WA 99352  
Phone: # 509-946-7611

**Room Rates:** Single/Double **\$93** Triple/Quad **\$113**  
**Room Code :** Arrestling  
  
Make sure to book before **Tuesday, June 18, 2013**

I \_\_\_\_\_ agree that I am physically fit to undertake the prescribed course of instruction.

I acknowledge the existence of certain risks of personal injury in participating in the Officer Safety Conference and that I am assuming this risk freely and voluntarily and without Liability to the City of Richland, City of West Richland, Don Gulla, his agents, any co instructors, his employees, or other students and hereby release all of the foregoing parties from all liability arising out of injuries to myself incurred pursuant to said training.

Photos and video taken during this class can be used for instructional and promotional uses without my permission or compensation.

I have no knowledge of any physical or mental impairment that would be affected by my participation in this class.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form with check payable to Don Gulla to:

Don Gulla  
Po Box 868  
Ravensdale WA. 980



**For credit card payments: Please call 206-396-7040**

**My dept will pay by P.O.**  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_  
Email [Don.Gulla@Arrestling.com](mailto:Don.Gulla@Arrestling.com)