

SOUTH CENTRAL CAMP CADET APPLICATION - 2010

CADET INFORMATION

Please print clearly or type all information or application may be rejected.

Name (First, Middle Initial, Last)

Street Address

City, State, ZIP Code

County

Home Phone (Area Code) and number

Email address

Age

Sex (M/F)

Date of Birth

Height _____ Feet _____ Inches

Weight

School

Grade Level

Shirt Size Adult: (Small, Medium, or Large)

Shorts Size Adult (Small, Medium, or Large)

Have you previously attended Camp Cadet?

PAYMENT INFORMATION AND APPLICATION PROCESSING

A \$25.00 check or money order payable to SOUTH CENTRAL CAMP CADET INC. is required at the time of appointment to the program.

This application *MUST BE RETURNED BY APRIL 15, 2010* to:

SOUTH CENTRAL CAMP CADET
P.O. Box 60676
HARRISBURG, PA 17106-0676

AGREEMENT AND SIGNATURE

By submitting this application I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application will result in my immediate dismissal.

Name (Printed)

Signature

Date