

2019 TROOP L CAMP CADET APPLICATION

I am interested in attending Camp Cadet and would like to be interviewed for acceptance. I understand that I must be between the ages 12 and 15 years of age on the date camp begins, and be a resident of Berks, Lebanon, or Schuylkill Counties.

I also understand that I will be required to stay at camp for the week with **NO** contact from home.

Camp Cadet 2017 will be held from **Sunday, August 11, 2019**, through **Saturday, August 17, 2019**. Camp Cadet is held in Douglassville, Berks County.

Applicants must return this form and a **\$10.00** application fee before **May 31, 2019** to:

Camp Cadet
P.O. Box 6845
Wyomissing, PA 19610

NAME: _____

MAILING ADDRESS: _____

COUNTY: _____

PHONE NUMBER: _____

AGE AT BEGINNING OF CAMP: _____ DATE OF BIRTH: _____

SEX: _____

PREVIOUS YEAR(S) APPLIED: _____

SCHOOL: _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS OF PARENT OR GUARDIAN: _____

PHONE NUMBER OF PARENT OR GUARDIAN: _____

E-MAIL ADDRESS OF PARENT OR GUARDIAN: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT OR GUARDIAN: _____