

Calvary Cadet Troop 2707

2007-08 Registration Form

Boy's Name _____

Age _____ Date of Birth _____

School Grade _____ Name of School _____

Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address: _____

Name of your Church _____

Needs Shirt Yes _____ / No _____ Shirt Size (circle one) Youth S(8/10) M(12/14) L(16/18)
Adult S M L XL XXL XXXL

PARENT / GUARDIAN INFORMATION:

Mother's Name _____ Father's Name _____

Address _____ Address _____

Phone # - Day _____ Phone # - Day _____

Evening _____ Evening _____

Cell _____ Cell _____

EMERGENCY CONTACT INFORMATION (Other)

Name _____ (Relation) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone # _____

Doctor's Name _____ Phone # _____

Please list any medical conditions and/or allergies of your child:

Fees: A Registration Fee of \$40 is due at registration. This fee does not cover the cost for your child to attend the fall or spring campouts. Please make checks payable to: Calvary Cadet Troop 2707

Parent/Guardian Signature _____ Date _____