

Pennsylvania State Police Troop J Camp Cadet

General Information

Lancaster County

Cadet Applicant Information:

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Birth Date:	_____	Age (at start date of camp):	_____
		Gender:	_____
Height:	_____ ' _____ "	Weight:	_____ lbs.
		Hair Color:	_____
		Eye Color:	_____
Home Address:	_____		

Parent / Guardian and Emergency Contacts:

- All contact will start with the "Primary Contact".
- List only persons that the Cadet could be released to if required.
- A Parent / Guardian must be available at all times to take custody of the Cadet within 3 hours if the need arises.

Primary Contact:

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Relationship:	_____		
Phone Number:	_____	_____	_____
	Primary	Secondary	Other
Home Address:	_____		
E-mail Address	_____		

Emergency Contact One (Can be second Parent / Guardian):

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Relationship:	_____		
Phone Number:	_____	_____	_____
	Primary	Secondary	Other

Emergency Contact Two:

Name:	_____	_____	_____
	(First)	(Middle)	(Last)
Relationship:	_____		
Phone Number:	_____	_____	_____
	Primary	Secondary	Other