APPLICATION FOR THE 2014 TROY POLICE DEPARTMENT CHILD CLINIC

8-9 YEAR OLD AGE GROUP

NAME OF PARTICIPANT:_____AGE:_____

PARENT(S) NAME: _____

HOME PHONE NUMBER:_____PARENTS CELL NUMBER:_____

ADDRESS:_____CITY:_____ZIP:_____

T-Shirt Size: **(PLEASE CIRCLE ONE)**

YOUTH Small Medium Large X-Large
ADULT Small Medium Large X-Large

Sandwich Preference: **(PLEASE CIRCLE ONE)**

Turkey & Cheese Pizza Sandwich Ham & Cheese

Preferred Session: **(PLEASE CIRCLE TWO)**

Sessions run from 9am - 3pm each day

MONDAY JUNE 23

WEDNESDAY JUNE 25

TUESDAY JULY 29

THURSDAY JULY 31

Please return the *completed* application, waiver form and payment of $10 to the Police Department **NO LATER THAN THURSDAY, MAY 11, 2014** for your child to be considered for the clinic. There is a limit of 20 participants per session. Dates are filled on a first come first serve basis. Once the completed application is received and a date is determined, you will be sent a letter of confirmation.

Any questions contact PSA Flint at 248.524.3462

Please make your check payable to the CITY OF TROY.
We cannot accept cash or credit cards.

FOR OFFICE USE ONLY: CHECK#:_____RECEIVED BY:_____DATE:_____