



Applying For:
 Spring
 Fall

PROGRAM APPLICATION

PLEASE COMPLETE THE APPLICATION FORM AND EITHER:

1
E-Mail
 CommunityPrograms@pcsonet.com

OR

2
Mail
 Pinellas County Sheriff's Office
 Community Programs
 P.O. Drawer 2500
 Largo, FL 33779-2222

This program is for children between the ages of 8 and 13 who reside in Pinellas County.

PARTICIPATING PARENT INFORMATION

All information must be fully completed | Please print clearly

Parent's Last Name: _____ Parent's First Name: _____ DOB: _____

Home Address: _____ City: _____ Zip: _____

Parent's Phone #: _____ Other Phone #: _____

Parent's E-mail Address: _____

CHILD INFORMATION*

Last Name: _____ First Name: _____ Sex: _____ DOB: _____

School: _____ Grade: _____

Home Address (if different from above): _____ City: _____ Zip: _____

I acknowledge that in order for my child to participate in this program, I must also attend.

Signature: _____ Date: _____

***One registration form per child**