



November 18<sup>th</sup>, 2017



**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**