

CRABTREE VOLUNTEER FIRE DEPARTMENT
2008 Kid's Day @ The Fire Station
Saturday, October 11, 2008
Application

Child's Name _____

Age _____ Date of Birth _____

Address _____

Parents Names _____

Phone Number _____

Emergency Contact Name _____

Emergency Contact Phone Number(s) _____

Does the child have any medical conditions? Y N

If so, please list _____

Is the child on medications? Y N

If so, please list _____

Parent Signature _____ Date _____

You can either drop off your application at the Fire Station or mail back to us at:

**Crabtree VFD
1610 Latrobe-Crabtree Rd
P.O. Box Q
Crabtree, PA 15624**

All applications must be received by Oct. 6, 2008.

You will be contacted with confirmation of registration.