The Northern Tier Camp Cadet Board of Directors is pleased to announce the open application (enclosed) period for the 2015 CAMP CADET PROGRAM. Camp Cadet has provided an enjoyable experience for the youth of Pennsylvania for over 30 years. This year’s CAMP CADET PROGRAM will be held on the campus of Mansfield University, Mansfield, PA from Monday, June 22, 2015 to Friday, June 26, 2015.

Camp Cadet is designed to bring a better understanding between the youth in our area and police officers. This will create a lasting understanding: police officers are their friends! Camp Cadet provides an atmosphere of a police academy. Emphasis is placed on self-discipline, respect, and building confidence. Cadets will have the opportunity to participate in various physical and team building exercises. They will also meet, talk and get to know police officers, state troopers, district attorneys and many other members of the criminal justice community.

Cadets will be selected for appointment from Tioga, Potter and Cameron Counties. If you are selected to attend, you will be required to pass a physical examination by your physician, at your expense. The camp is a week-long commitment and cadets are expected to be in attendance 100% of the time.

There is a $20.00 registration fee that is to be paid only after you have been selected. Do not send payment now. Applications must be postmarked by May 1st, 2015.

If you have any questions, please contact one of the following:

Tpr. Angela Bieber, PSP at 570-368-5700

Or

Partnership Staff at 570-723-0520
INSTRUCTIONS: If you are interested in attending, complete the application and return to the Tioga County Partnership for Community Health at 33 Pearl Street, Wellsboro, PA 16901 or fax it to 570-723-0522. Applications must be received by May 1st, 2015.

Name: (First) ____________________________(Last) ____________________________

Address: ________________________________________________________________

City: __________________________ State: __________ Zip Code: ________________

County: __________________________ School District: ________________________

Sex: ________ Male ___________ Female

Age: _______ Date of Birth: ________________________________

Have you attended Camp Cadet before? ___________ Adult Shirt Size: S M L XL

I certify that my physical condition will not restrict me in any educational or sports activities.

_________________________________________ __________________________

Applicant Signature Date

Parent/Guardian Signature: _______________________________________________

Home/Cell Phone: __________________________ Work Phone: __________________

This application is not complete without the endorsement of a person (not family) who can recommend you for the program. This person could be a teacher, coach, Troop Leader, Pastor, etc., who knows you well and can attest to your character.

I recommend ______________________________ for participation in the Camp Cadet Program.

_________________________________________ __________________________

Signature Print Name

Relationship to applicant ________________________________________________