

Camp Workcoeman Troop Picture Order Form

Leader Name _____ Week _____ Unit _____

Address _____ Telephone (_____) _____

City/Town _____ State _____ Zip _____ Date _____

() Initial Order

() Additional Order

	Print All Information Name	#	Amount Paid		Name	#	Amount Paid		Name	#	Amount Paid
1.				13.				25.			
2.				14.				26.			
3.				15.				27.			
4.				16.				28.			
5.				17.				29.			
6.				18.				30.			
7.				19.				31.			
8.				20.				32.			
9.				21.				33.			
10.				22.				34.			
11.				23.				Total Photographs Ordered _____			
12.				24.				Total Amount Paid _____			

Make checks payable to C.R.C

Camp Workcoeman Troop Leader Name Badge Order Form

Leader Name _____ Week _____ Unit _____

Address _____ Telephone (_____) _____


City/Town _____ State _____ Zip _____ Date _____

	Print All Information Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Order name badges for your troop's summer camp leaders.
Clearly print names in the space to the left.

Send this form with payment 2 weeks prior to your week of camp and the name badges will be there when you arrive.

Badge Price: \$5.00 ea.



Camp Workcoeman
Summer Camp Troop Leader

Your Name Here

Total Name Badges Ordered _____ x \$5.00 = _____

Send this form and payment to:
Camp Workcoeman Trading Post
169 Camp Workcoeman Road
New Hartford, CT 06057

Make checks payable to C.R.C