

# 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.	
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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 3 weeks prior to your week of camp and the name badges will be there when you arrive.

Badge Price: \$5.00 ea.



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

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**Keep this copy for your Troop records**