

**PTA DISTRICT 8
TRAPPER TRAINING SCHOOL
APPLICATION FOR ENROLLMENT**

Print name of each Student Attending	AGE	Phone Number	Address	County Residence	t shirt size

_____ Number of students attending the school

_____ Total number of persons attending (parents and students)

Please give a brief description of any prior trapping experience.

List any things you would like to see or do at school.

Send completed application to:

George McEntee
PO Box 179
Summerdale, PA 17093-0179