

Camp Florida Resort/POA Name Badge Request Form

(Turn in your Completed Form and \$11.00 (cash only) to the POA Office)

(Please Print)

Date: _____

Name: _____

Would you like your State to be listed on your Badge? _____ Yes _____ No

State name if yes: _____

Cost: \$11.00 (payable in advance)

Telephone Number: _____

Camp Florida POA Address: _____

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