

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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