

GENERAL INFORMATION					
NAME:					
ADDRESS:					
SCHOOL 2021/2022:					
GRADE 2021/2022:					
GENDER					
D.O.B.					
T-SHIRT SIZE:		YOUTH	or	ADULT	(circle one)
SHORTS SIZE:		YOUTH	or	ADULT	(circle one)
EMERGENCY CONTACT INFORMATION  NAME:					
PHONE #:		RELATIONSHIP:			
NAME:					
PHONE #:		RELATIONSHIP:			
MEDICAL INFORMATION					
MEDICAL LIMITATIONS OR KNOWN ALLERGIES:					
				Appl	ication Due July 26, 2021
Guardian Signatur			Da	ite	
Submit to Officer DePape no later than  July 26, 2021  Chesterfield Police Department, 46525 Continental Dr, Chesterfield, MI 48047  or via email at adepape@chesterfieldpolice.org					

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\*\* Selected applicants will be notified. \*\*

Any questions can be directed to Officer DePape at (586) 949-2117