



**BYM Camps – Catoctin Quaker Camp
Live Scan Pre-Registration Application**

Applicant Information (Please type or print clearly) All Fields are required

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Place of Birth (state): _____ Citizen Country: _____

Driver's License/State ID Number _____ State _____

Circle Codes That Apply

Gender	Hair Color	Eye Color
Male.....M	Bald.....BAL	Black.....BLK
Female.....F	Black.....BLK	Blue.....BLU
	Blonde/Strawberry...BLN	Brown.....BRO
	Brown.....BRO	Gray.....GRY
Ethnicity	Gray/Partial Gray.....GRY	Green.....GRN
Asian/Pacific Islander....A	Red/Auburn.....RED	Hazel.....HAZ
White.....W	Sandy.....SDY	Pink.....PNK
Black.....B	White.....WHI	Multi Color.....MULT
Unknown.....U		
American Indian/Alaskan Native.....I		

Signature/Date

For Office Use Only:

Site: **Catoctin Quaker Camp** Agency Authorization # / Type: **9400046246/Childcare**
Fingerprinted: Yes or No Tracking # _____
Technician: _____ YB# _____