

SENECA POLICE DEPARTMENT SHOP WITH A COP  
APPLICATION

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Childs Age: \_\_\_\_\_

Childs School: \_\_\_\_\_

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Childs Name: \_\_\_\_\_

Childs Age: \_\_\_\_\_

Childs School: \_\_\_\_\_

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Childs Name: \_\_\_\_\_

Childs Age: \_\_\_\_\_

Childs School: \_\_\_\_\_

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Explain the need or reason for Child's sponsorship to this event:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to the Seneca Police Department no later than Monday, December 2<sup>nd</sup>