

Shippensburg Fire Department

Serving Cumberland & Franklin
Counties

Annual Childs Dream Application

Child's Name _____

Date of Birth _____ Shirt Size _____

Parent's Name _____

Address _____

Phone _____

Primary Emergency Contact _____

Phone Day _____ Phone Night _____

Secondary Emergency Contact _____

Phone Day _____ Phone Night _____

Date of Last Tetanus Shot _____

Any Medical Problems _____

Medications _____

Mail to:

Randy O'Donnell
111 N Fayette Street
Shippensburg, PA 17257
PO Box 129