



ENROLLMENT APPLICATION



Passport Picture (2)
Attach here for our files

ID Info Needed

Date: _____

Birth Name: (print) _____

Address: _____

Preferred Name to appear
Under Passport Picture on ID:

Telephone: _____

Date of Birth: _____

Sex: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Criminal Background: _____

Covid 19 Vaccine Status: _____

Please also email your signature (to ms@cabearclan.com) on a white background so we can add it to the ID Card.