



Please print legibly and fill out form completely

Kids Club/TCA Teen Applicant Name: _____

Full Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Applicant or Guardian email: _____

Guardian Signature: _____

By signing I agree to my child's participation in this program and to their photo being used if taken during an Association activity

Application Date: _____

Application can be mailed to **TCA Youth Clubs PO Box 248 Strasburg, PA 17579-0248**
Questions? Email Amy, TCA Membership Coordinator, at membership@traincollectors.org