

DEPARTMENT OF PENNSYLVANIA AUXILIARY

2026 ENCAMPMENT

PRE-REGISTRATION FORM

Name & Title: _____

(Department Officer, Auxiliary President or Delegate from Aux.)

Auxiliary Name & No.

Please include your credential card along with your check for \$8.00 made payable to "Dept. of Penna. A.S.U.V.C.W." and mail to:

Betsy Matthews, 602 N. Rosina Ave., Somerset, PA 15501