



**St. Barnabas Health System  
Patch Program Registration Form**

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Troop#: \_\_\_\_\_

Type (circle one): Daisies / Brownies / Juniors / Cadets  
Boy Scouts

Affiliation (i.e. Richland school): \_\_\_\_\_

Ages of members: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Past Participant? Yes / No

Activities of interest: Presents for Patients / bingo / crafts  
jewelry / Pennies for Patients / trick or treat / bowling  
other \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

*Send to:*  
*Director of Recreation*  
*St. Barnabas Nursing Home*  
*Phone: 724.444.5556 Fax: 724.443.4410*  
*smushinsky@stbarnabashealthsystem.com*