

Zoar Valley Trail Patch Order Form

Please complete this form and mail, along with your check made payable to:

Camp Tuscazoar Foundation, Inc.
PO Box 308
Zoarville, OH 44656-0308



Organization _____

Leader _____

Dates of hike: _____

Street
Address _____

City _____ State _____ Zip _____

Phone _____

of patches _____ x \$3.00 per patch Total enclosed: _____

Any Zoar Valley Trail suggestions/feedback?
