

New York State Leanto Club Patch Application

Name of Child: _____
Name of Child: _____
Name of Adult/Mentor: _____
Name of Adult/Mentor: _____

Requirements:

1) Visit at least 12 leantos (can overlap with 2,3,4)

Leanto Names and Dates of visits

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

2) Visit at least 1 leanto in Winter: _____

3) Cook at least 1 meal at a leanto _____

4) Sleep over night in a leanto _____

Payment Information:

Send \$5.00 per patch requested to tomrankin7@gmail.com using Paypal.
Send us your mailing address in the Paypal correspondence.

Mail (or email) this completed form to:

Tom and Laurie Rankin
129 View Road
Bloomville, NY 13739