



BEDFORD POLICE DEPARTMENT

Explorer Interest Card

First Name: _____

Middle Name: _____

Last Name: _____

Race: _____ Sex: _____

Date of Birth: _____

Driver's License #: _____

Address: _____

City: _____ Zip: _____

Email: _____

Home Phone #: _____

Cell Phone #: _____

School Name: _____

Grade: _____

Parent Full Name: _____

Parent's Contact Phone #: _____ Email: _____

Return completed Explorer Interest Card to:

Bedford Police Department

2121 L. Don Dodson Dr.

817-952-2444

Community Services Division