

# 2022 Department of the Air Force Residential Camp Application

## Space Camps & Teen Leadership Camp

**Privacy Act of 1974 Authority: Title 10, United States Code, Section 8013**

**Principal Purposes:** To obtain youth and family program eligibility and background information for proper assignment of the individual into activities and workshops; to contact participant's parents/guardians in the event of an accident or illness; obtain sponsor consent for access to emergency medical care. **Routine Uses:** To provide information to medical personnel in the absence of a parent; to notify the parents in case of emergency, to contact the youth's parent/guardian relative to the youth's participation in programs. **Disclosure:** Disclosure of requested information is mandatory.

**Please select your first and second camp choices from the drop down boxes below**

First Choice:       -- Please Select First Choice Camp --

Second Choice:     -- Please Select Second Choice Camp --

**Applications must be submitted by Parent/Guardian NLT 24 June 2022 to [AFSVC.SVPY.Camps@us.af.mil](mailto:AFSVC.SVPY.Camps@us.af.mil)**

**NOTE: Shared files and/or cloud-based documents are not accessible. Please submit attachments in PDF.**

| YOUTH PARTICIPANT INFORMATION   |                   |  |  |
|---|-------------------|--|--|
| First Name:   | Middle Name:      | Last Name:   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Date of Birth ( <b>DD - MON - YEAR</b> ):<br>-- Please Select --  |                   | School Year 2021/2022 Grade:<br>-- Please Select --  | Adult Shirt Size:<br>-- Please Select --                         |
| Have you previously attended a DAF Residential Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |  |  |
| If Yes, which camp?   |                   |  | Year:  |
| SPONSOR (PARENT/GUARDIAN INFORMATION)   |                   |  |  |
| Sponsor First Name  | Sponsor Last Name | E-Mail   | Phone  |
| Sponsor's CURRENT Status (Please check only one and see information sheet for priority)   |                   |  |  |
| <input type="checkbox"/> Active Duty Air/Space Force  |                   | <input type="checkbox"/> Other Active Duty (assigned to or living/working on DAF/DAF-led JB) |  |
| <input type="checkbox"/> AFR or ANG (Title 10 or 32 Orders)   |                   | <input type="checkbox"/> AFR or ANG  |  |
| <input type="checkbox"/> Civilian (APF/NAF assigned to/working on DAF/DAF-led JB)   |                   | <input type="checkbox"/> Air Force Retiree   |  |
| Deployed in support of contingency operation (min 30 calendar days) within the past 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |  |  |
| Location:   |                   | Dates of Deployment:   |  |
| Sponsor Installation  | Sponsor Unit      | Sponsor Government E-Mail  |  |
| Second Parent/Guardian Information  |                   |  |  |
| First Name  | Last Name         | E-Mail   | Phone  |
| PARENT/GUARDIAN ENDORSEMENT   |                   |  |  |
| <i>To the best of my knowledge all of the information stated herein this document is true and accurate.</i>   |                   |  |  |
| _____<br>Parent/Guardian Signature  |                   |  | _____<br>Date  |