



2020 Teen Aviation and Space Camp Application

Air Force Youth Programs

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:

Second Choice:

All applications must be submitted by a Parent/Guardian.

Please send applications to the 2020 AF Camps workflow box: AFSVC.SVPY.Camps@us.af.mil

YOUTH PARTICIPANT INFORMATION			
First Name:	Middle Name:	Last Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD - MON - YEAR):		School Year 2019/2020 Grade:	Adult Shirt Size:
Have you previously attended an AF 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)			
Active Duty Air Force		Other Active Duty (assigned to or living/working on AF/AF-led JB)	
AFR or ANG (Title 10 or 32 Orders)		AFR or ANG	
Civilian (APF/NAF assigned to/working on AF/AF-led JB)		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	
<i>Second Parent/Guardian Information</i>			
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>			
_____ Parent/Guardian Signature			_____ Date