

2024 Department of the Air Force Residential Camp Application

Space Camp, Aviation Camp & 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:

Second Choice:

Applications must be submitted by Parent/Guardian NLT 3 May 24 to 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 <input type="checkbox"/> Female
Date of Birth (DD - MON - YEAR):		School Year 2023/2024 Grade:	Adult Shirt Size:
Have you previously attended a DAF Residential Camp?		Yes	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/Space Force		Other Active Duty (assigned to or living/working on DAF/DAF-led JB)	
AFR or ANG (Title 10 or 32 Orders)		AFR or ANG	
Civilian (APF/NAF assigned to/working on DAF/DAF-led JB)		Air Force Retiree	
Deployed in support of contingency operation (min 30 calendar days) within the past 6 months			Yes 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>			
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Parent/Guardian Signature			<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date