

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

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YOUTH PARTICIPA	ANT INFORMATION		
First Name:	Middle Name:	Last Name:	Male
			Female
Date of Birth (DD - MON - YEAR):		School Year 2019/2020 Grade:	Adult Shirt Size:
Have you previously atte	ended an AF Residential Camp?	Yes No	
If Yes, which camp?		Year:	
SPONSOR (PARENT	T/GUARDIAN INFORMATI	(ON)	
Sponsor First Name	Sponsor Last Name	E-Mail	Phone
Sponsor's CURRENT Status (Please check only one and se Active Duty Air Force Other AFR or ANG (Title 10 or 32 Orders) Civilian (APF/NAF assigned to/working on AF/AF-lease)		Active Duty (assigned to or living/working on AF/AF-led JB) AFR or ANG	
Deployed in support of contingency operation (min 30 cale Location:		endar days) within the past 6 months Dates of Deployment:	Yes No
Sponsor Installation	Sponsor Unit	Sponsor Government E-Mail	
Second Parent/Guardi	an Information		
First Name	Last Name	E-Mail	Phone
PARENT/GUARDIA	N ENDORSEMENT		
To the best of my know	ledge all of the information sto	ated herein this document is true a	nd accurate.
Parent/Guardian Signature		_	Date