

# 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:       -- Please Select First Choice Camp --

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

**Applications must be submitted by Parent/Guardian NLT 3 May 24 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 <input type="checkbox"/> Female
Date of Birth ( <b>DD - MON - YEAR</b> ): -- Please Select --		School Year 2023/2024 Grade: -- Please Select --	Adult Shirt Size: -- 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>			
_____ Parent/Guardian Signature			_____ Date