



## 2021 Virtual Teen Performing Arts 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 camp session choice from the drop down box below**

**All applications must be submitted by a Parent/Guardian no later than 10 Jun 2021.**

**Please send applications to the AF Entertainment workflow box: [AFSVA.SVP.AFEntertainment@us.af.mil](mailto:AFSVA.SVP.AFEntertainment@us.af.mil)**

**Please submit application as a PDF attachment. We do not have the capability to access shared documents or cloud-based files.**

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> ):		School Year 2020/2021 Grade:	
Have you previously attended an AF Residential or Virtual Camp?		Yes	No
If Yes, which camp?		Year:	
SPONSOR (PARENT/GUARDIAN INFORMATION)			
Sponsor First Name	Sponsor Last Name	E-Mail	Commercial 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 (Active Duty or Full-Time Training Status)		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			Yes      No
Location:		Dates of Deployment:	
Sponsor Installation	Sponsor Unit	Sponsor Government E-Mail	
Second Parent/Guardian Information			
First Name	Last Name	E-Mail	Commercial 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