2026 Department of the Air Force Residential Camp Application

Teen Aviation and Space Camps

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 26 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:	☐ Male ☐ Female
Date of Birth (DD - MON - YEAR): -- Please Select --		School Year 2025/2026 Grade: -- Please Select --	Adult Shirt Size: -- Please Select --
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

To the best of my knowledge all of the information stated herein this document is true and accurate.

Parent/Guardian Signature Date