



## Youth Walking Tour Application

### Participant Information

Name: \_\_\_\_\_

School: \_\_\_\_\_

By this summer, I will have completed: (Circle)

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup>

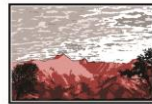
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_



SANGRE DE CRISTO  
NATIONAL HERITAGE AREA  
SDCNHA.ORG

Return application to [info@sdcnha.org](mailto:info@sdcnha.org) or hand deliver to: 231 State Avenue Alamosa, CO 81101  
For questions call (719)580-9057

**Emergency Contact** *(parent or guardian must be provided as first emergency contact)*

Name:

Relation:

Phone:

Email:

Name:

Relation:

Phone:

Email:

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**Short Answer Questions**

*Please answer in provided space and if necessary attach additional sheets.*

**1. Why do you want to participate in the Youth Walking Tours?**

**2. Why do you think history is important to the present?**

**3. Are you currently interested in history? If so can you see yourself pursuing a career in a historic field?**



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**4. How did you hear about the Sangre de Cristo National Heritage Area Youth Walking Tours?**

**Do you enjoy learning by:**

- Historic films
- Nature films
- Documentaries
- Fictional book
- Nonfictional book
- Hands on
- experimentation

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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