



Heritage Area Camp Application

Participant Information

Name: _____

School: _____

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

7th

8th

9th

10th

11th

12th

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 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:

Short Answer Questions

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

1. Why do you want to participate in the Heritage area camp program?

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



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

4. How did you hear about the Sangre de Cristo National Heritage Area Heritage Camp?

Do you enjoy learning by:

- Historic films
- Documentaries
- Nonfictional book
- Hands on

Applicant Signature: _____ **Date:** _____

Parent/Guardian
Signature: _____ **Date:** _____



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