



## Heritage Area Camp *Application*

### Participant Information

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

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

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

6<sup>th</sup>

7<sup>th</sup>

8<sup>th</sup>

9<sup>th</sup>

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup>

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

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

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

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

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



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 Contacts** (*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. What interests you in participating in the Sangre de Cristo National Heritage Area Heritage Camp?

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2. Why is it important to you to preserve history, heritage, culture, and traditions?

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

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**How do you prefer to learn?**

- Films and Documentaries
- Books, Articles, or Academic Journals
- Lectures
- Hands On

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

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

**Photo/Video Release**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ grant the Sangre de Cristo National Heritage Area my permission to use the photographs or videos taken throughout the program that my child is attending (see dates above) for any legal use, including but not limited to: local journalism, press releases, local advertising, reports, social media, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

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

