

Camp Better America Family Application

Service Member's Name & Rank: _____

Spouse's Name: _____ **Marriage Anniversary Date:** _____

Please list each member of your family in this table

First Names	Birthdates	Age

HOME ADDRESS

Street: _____

City: _____ Zip Code: _____

Phone Number: _____ Cell: _____

email: _____

MILITARY SERVICE HISTORY

Current Duty Station: _____ Unit: _____

Currently Serving on Active Duty: YES NO Number of Years of Service: _____

Deployments (LOCATION)	Deployment Date	Return Date

FAMILY ACTIVITIES

Please tell us what activities your family enjoys:

Please tell us about the hobbies each person may have in your family:

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Food Allergies: Does anyone in your family have a food allergy? _____ Yes _____ No

If there is someone who has a food allergy will you please share the details of their allergy with us?

Medications: Is anyone in your family taking medications? ____ Yes ____ No

If yes please fill in the box below

<i>Family member name</i>	<i>Name of medication</i>	<i>Dosage</i>	<i>How often is it taken?</i>

At Camp Better America we will be outdoors and occasionally interacting with animals.

Are there any outdoor allergies we need to know about?

Are there any animal allergies we need to know about?

Are there any disabilities we need to know about?

Are there any physical limitations that we need to be aware of?

Please provide us with in case of emergency information.

<i>Name</i>	<i>Relationship</i>	<i>Address</i>	<i>Phone</i>