

SECTION II: PARENT or LEGAL GUARDIAN INFORMATION (Please complete all applicable information)

Mother/Legal Guardian:

Name: _____ Place of Work: _____

Daytime Phone Number: _____ Cell phone number: _____

E-mail Address: _____

Father/Legal Guardian:

Name of Father: _____ Place of Work: _____

Daytime Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Name of the Service Member and Unit or Wing that family member is assigned to: **(please be specific)**

Deployment status of Service Member: (i.e. currently deployed, returned Jan 2018, deploying June 2018, etc.) Please be complete and truthful on this section as selections are based off of this information.

**Please return applications by email to sara.l.cease.ctr@mail.mil
NO LATER than April 30, 2017.**

Or by snail mail by April 25th to 1956 Mt. Majo Fort Harrison, PO Box 4789 MT 59602

*Selection Tiers: 1-Currently deployed, 2-Deployed or deploying within a year,
3-Parent volunteers (full week) at camp, 4-Teen Council in good standing, 5- first come basis.*

