

EAA Chapter 1158  
Application for Air Camp 2009 June 18-25.

Name, (Last) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
Age as of 6-18-09 \_\_\_\_\_ Date of birth \_\_\_\_\_ male female  
T-shirt size: (circle) small medium large x-large xx-large

Parent/Guardian information

Name, (Last) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Aviation Experience. List and describe classes or other aviation experiences in which you have participated in the last two years. Use back if necessary.

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How did you learn about Air Camp? (circle) road sign newspaper friends school

Personal Essay: On the back of this application please tell us in 50 words or less why you would be a good member of Air Camp 2009

Applicant's Self-Rating:

Please honestly rate yourself in each area using no. 1 as lowest and no. 5 as highest.

Conduct	1	2	3	4	5
Maturity	1	2	3	4	5
Academic Ability	1	2	3	4	5
Academic Achievement	1	2	3	4	5
Manual Dexterity	1	2	3	4	5
Aviation Interest	1	2	3	4	5
Aviation Knowledge	1	2	3	4	5

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

As indicated in the accompanying program description, each application must include a refundable \$25 deposit, (credited toward tuition of \$245). Selection of applicants will be made by May 26. After that date additional new applications will be considered on a space available basis. Selected applicants must complete a behavioral agreement, parent permission, liability waiver, health, and emergency forms. Please make checks payable to: EAA 1158. Return completed applications to Air Camp Director, 2312 Willow Rd. Port Washington, WI 53074