



# Youth Sponsorship Request Form

(Fields marked with \* are required)



Youth's First Name\*: \_\_\_\_\_

Youth's Last Name\*: \_\_\_\_\_

First and Last Name of Sponsor on Orders\*: \_\_\_\_\_

Age\*: \_\_\_\_\_ Gender\*:  Male  Female

School Attending (if known): \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Sponsor's Primary Email Address\*: \_\_\_\_\_

Sponsor's Secondary Email Address (if applicable): \_\_\_\_\_

Youth Email Address/Phone Number (if applicable): \_\_\_\_\_

Anticipated Date of Arrival at Dyess AFB: \_\_\_\_\_

What would you like to know about your new community at Dyess AFB?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities/Interests (please select all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Arts & Crafts          | <input type="checkbox"/> Rollerblading   |
| <input type="checkbox"/> Computer Games         | <input type="checkbox"/> STEM Activities |
| <input type="checkbox"/> Dance                  | <input type="checkbox"/> Shopping        |
| <input type="checkbox"/> Drama                  | <input type="checkbox"/> Skateboarding   |
| <input type="checkbox"/> Hanging out w/ Friends | <input type="checkbox"/> Sports          |
| <input type="checkbox"/> Internet               | <input type="checkbox"/> Video Games     |
| <input type="checkbox"/> Movies/TV              | <input type="checkbox"/> Writing         |
| <input type="checkbox"/> Piano                  | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Reading                | <input type="checkbox"/> Other: _____    |

PLEASE E-MAIL REQUEST FORM TO: [7.FSS.YOUTH@US.AF.MIL](mailto:7.FSS.YOUTH@US.AF.MIL)  
FOR MORE INFORMATION CALL THE YOUTH CENTER AT  
DSN: 461.4797 or COM: 325.696.4797