

**CAMPING AT THE PRESIDIO
GROUP ELIGIBILITY FORM**

Organization/School _____ **Program Name** _____

Contact Name _____ **Position** _____

Address _____

City _____ **State** _____ **Zip** _____

Primary Phone _____ **Circle: Home Work Cell E-mail** _____

Type of organization:

- 501c(3)
- Government Agency
- Public School
- Private School
- Other (please specify) _____

Do you charge a fee to your students/participants? Y or N

If yes, how much and for what services _____

What neighborhood(s) do you serve? _____

What is the mission of your organization? _____

Please check all that apply and provide the percentage of your group that meets those criteria.

- _____ Participants living in families with limited incomes
- _____ Participants receiving free or reduced lunch
- _____ Participants living in affordable or subsidized housing
- _____ Participants with special emotional, physical, or developmental needs
- _____ Participants experiencing economic, cultural, or other barriers that have typically prevented them from visiting their national parks

Please provide a more detailed description of the population you serve and provide supporting documentation if available. _____

I attest that the information I have provided is true to the best of my knowledge.

Signature

Date