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