

## Chance Phelps Foundation Retreat Application

P.O. Box 1715, Dubois, WY 82513, Phone 307-455-2413, FAX 307-455-2493

Name: \_\_\_\_\_  
(Last) (First) (Middle)

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Branch of Service Affiliation: \_\_\_\_\_

Status:      Active-Duty              Retired      Reserve      Guard  
*(Please circle applicable status)*

Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Interests/Activities: *Please list*

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Allergies, Physical/Mental Concerns: *Please list*

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Special Needs/Requests: *Please list with details (This enables us to ensure your complete and satisfying retreat experience)*

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What to you hope to gain from this retreat? \_\_\_\_\_

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What are your transportation needs? \_\_\_\_\_  
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\_\_\_\_\_

**For verification of service, please attach a copy of your DD214 or a current LES with your social security number marked off.**

Emergency Contact Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Information Disclosure Agreement**

**NOTICE TO APPLICANTS**

Because the Chance Phelps Foundation is a nonprofit corporation, the Privacy Act of 1974 (5 U.S.C. 552c) is not applicable. However, the Foundation wants participants to be fully aware of and acknowledge the need for and use of the information provided.

I, the applicant voluntarily provide required information with this application for the Chance Phelps Foundation Retreats. To this end, I fully understand that:

- a. Participation in the program is voluntary
- b. The requested information is needed for participation
- c. The principal purposes of the requested information are to:
  - i. Verify the identity of the applicant(s)
  - ii. Determine eligibility for the program
  - iii. Gather information about individuals and families to be used to enhance the program and possibly create additional programs to meet the future needs

I understand that:

Completing this application does not guarantee acceptance to the Chance Phelps Foundation Retreat. If I (we) are selected I must complete and return by the deadline all required forms for the retreat that I (we) will be attending in order to retain the reserved spot at the retreat. An incomplete packet will forfeit my acceptance status. The Chance Phelps Foundation reserves the unlimited right to post my name as a participant in this program and to use any answers to the questions on the effects of my experience in their entirety or in part for future promotional purposes. Communication efforts for selected persons are primarily through e-mail and at times through telephone. It is imperative that the primary contact listed above has regular e-mail access and provides a current telephone number that will remain active through the duration of the retreat. The Chance Phelps Foundation retreats are held in a high altitude, rugged mountain setting where nature can be explored and the beauty of the surrounding area can be appreciated.

I have read and understand the disclosure agreement above and to the best of my knowledge my application information is correct and complete.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_