

SAILA Camp/Educational Grant Application

Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Club or Chapter _____ Years of SAILA participation _____

Name of Parent/Guardian _____

Relationship _____ # of Members in Immediate Family _____

Have you attended a camp or clinic before? _____ (if yes, when and what camp/clinic)

If you receive a grant, how will you give back to your fellow Junior Livestock peers?

Which camp are you planning on attending? _____

A) Dates: _____

B) Location : _____

C) Contact Info For Camp: _____

D) Tuition Cost: _____

E) Travel Cost: _____

Tell us why you want to go. _____

How will this Grant help allow you to attend this camp? _____

Return application to: SAILA – 29455 N. Cave Creek Rd., Ste. 118-199 Cave Creek, AZ 85331 or email to
saila1935@aol.com