



**Department of Community Services / Youth Services Division**

231 Seabrook Road / Ada, OK 74820 / (580) 272-5716 / Fax: (580) 436-7288 / Email address: [YouthCamps@Chickasaw.net](mailto:YouthCamps@Chickasaw.net)

**First American Jr. Open**

**Applicant information:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Tribal affiliation:  Chickasaw  Cherokee  Choctaw  Muscogee (Creek)  Seminole  
 Other First American \_\_\_\_\_

Email address: \_\_\_\_\_

Qualifying for Team Chickasaw?  Yes  No Average handicap: \_\_\_\_\_

Average 9-hole score: \_\_\_\_\_ Average 18-hole score: \_\_\_\_\_

**Parent/legal guardian information:** (individual with whom the child lives)

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Relationship:  Father  Mother  Legal guardian

Emergency contact:  Yes  No Authorized for pickup:  Yes  No

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Chickasaw employee:  Yes  No Employee ID no.: \_\_\_\_\_ Employer name: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**Secondary contact:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Relationship:  Father  Mother  Legal guardian

Emergency contact:  Yes  No Authorized for pickup:  Yes  No

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Chickasaw employee:  Yes  No Employee ID no.: \_\_\_\_\_ Employer name: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Relationship: \_\_\_\_\_ Phone no.: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_