



VOUCHER APPLICATION FORM

ATTACH A COPY OF DEPLOYMENT ORDERS AND A COPY OF THE PROGRAM REGISTRATION FORM TO THIS APPLICATION.

SEE ATTACHED FACT SHEET FOR MORE INFORMATION.

PLEASE PRINT

Child's name (Last) (First) (Middle)

Age Grade level

Deployed Parent/Guardian's name (Last, First, MI) Rank

Parent/Guardian's name (Last, First, MI)

Address (Street and number) (City and State) (Zip Code)

Phone number (Include area code)

Email address

Please mail to:

Department of Community and Recreation Services
12011 Government Center Parkway, Tenth Floor
Fairfax, VA 22035
Attention: Kids Serve Too



Community and Recreation Services
703-324-4386, TTY 711



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www.fairfaxcounty.gov/rec

CLASS/CAMP/SPORTS LEAGUE REGISTRATION INFORMATION:

A voucher will be mailed to each applicant after the application is approved. The applicant must submit the voucher to the approved organization. Please wait until you receive the voucher before registering for the desired program. The information below will be used to create the voucher. *Kids Serve Too vouchers cover just the cost of registration for a sports or recreation program, not equipment or supplies.*

In addition to this form, please submit a completed copy of the program registration form.

PARK AUTHORITY CLASS OR CAMP

Name of class/camp: _____
10-digit program code (Not required for Rec-PAC program): _____
Cost: _____

OR

CRS CLASS OR CAMP

Name of class/camp: _____
Cost: _____

OR

SPORTS LEAGUE REGISTRATION

Name of sports organization: _____
Sports program: _____
Cost: _____

I declare that the information reported on this form is true and complete to the best of my knowledge, and that Fairfax County has my permission to verify the information reported.

Parent/Guardian Signature: _____ Date: _____

Disclaimer: It is the policy of Fairfax County that all decisions regarding vouchers will be made without regard to race, color, gender, national origin, disability, or religion.

FOR Fairfax County USE ONLY

- Received: _____
- Processed: _____
- Notified: _____