

Adventures in Aviation - 2017

Student Application Form

Student Information:

Student Name: _____ Gender: M__ F__

Address: _____

City/Town: _____ Postal Code: _____

Home Phone Number: _____ Email address: _____

Date of birth: _____ Current High School Grade: _____

Any special medical condition or diet? Yes__ No__

If yes, please describe: _____

Student's Signature

Date

Parent/Guardian Information/Permission:

Father Name: _____ Mother Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Name of parent/guardian signing

Signature of parent/guardian

Date

In case of emergency:

Notify: _____ Phone: _____

School Recommendation:

I recommend this student as a participant in the Adventures in Aviation program.

Name & Title

Signature

Date

Name of School

Phone Number