TARC 2017 Add/Drop Form

Use this form to add or drop team members. You may add team members any time before a team's first qualification flight attempt. You may drop students at any time. Please note that a team must always have at least three students and no more than ten.

This form is to be completed and <u>signed</u> by the supervising teacher or adult and emailed to <u>miles.lifson@aia-aerospace.org</u> or faxed to 703-358-1133. <u>If adding a student, he or she must have a signed Parent Consent Form accompany this Add/Drop Form.</u>

Team Nu	mber:		
School or	Organization Name:		
Supervisi	ng Teacher/Adult:		
consent f	re that you also fill in their information form included for each of the students	listed belov	v.
As the su	pervising teacher/adult, I would like t	o add the fo	ollowing team member(s) to my team:
1. Na	ame:	6.	Name:
	ame:		. Name:
Deletion:			
		o delete th	e following team member(s) from my
11. Na	ame:	16	5. Name:
	ame:		. Name:
13. Na	ame:		s. Name:
	ame:		. Name:
	ame:	20	. Name:
By signing	g this form, I agree that the changes a	bove will b	e made to the listed team number.
Signature	:		Date:

TARC 2017 Add/Drop Form Continued

(make as many copies of this page as necessary)

Additional Team Member						
Name:		Email:				
Grade:		Birthdate (MM-DD-YYYY):				
Gender (optional): or (fill in the	Male Female ne blank)	Home Zip Code:				
Ethnicity (optional):	American Indian or Alaska Native	Asian	Black or African American			
,	Hispanic	Native Hawaiian or Other Pacific Islander	White			
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)			
	Girl Scouts of the USA	Civil Air Patrol				
Please have TARC sponsors send me information about scholarships, internships, and other career opportunities						
Additional Team Member						
Additional Team Meml	per					
Additional Team Meml Name:	per	Email:				
	oer	Email: Birthdate (MM-DD-YY)	YY):			
Name: Grade: Gender (optional):	Male Female ne blank)		YY):			
Name: Grade: Gender (optional): or (fill in the	Male Female	Birthdate (MM-DD-YY	YY): Black or African American			
Name: Grade: Gender (optional):	Male Female ne blank) American Indian or Alaska	Birthdate (MM-DD-YY) Home Zip Code:	•			
Name: Grade: Gender (optional): or (fill in the	Male Female ne blank) American Indian or Alaska Native	Birthdate (MM-DD-YY) Home Zip Code: Asian Native Hawaiian or Other	Black or African American			
Name: Grade: Gender (optional): or (fill in the student): Is the student affiliated with or a member of any of the	Male Female ne blank) American Indian or Alaska Native Hispanic National Association	Birthdate (MM-DD-YY) Home Zip Code: Asian Native Hawaiian or Other Pacific Islander	Black or African American White Boy Scouts of America			