

The American Rocketry Challenge 2021 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 signed by the supervising teacher or adult and emailed to rocketcontest@aia-aerospace.org. **If adding a student, he or she must have a signed Parent Consent Form accompany this Add/Drop Form.***

Team Number: _____

School or Organization Name: _____

Supervising Teacher/Adult: _____

Addition(s):

Make sure that you also fill in their information on the following page and include a parent consent form included for each of the students listed below.

As the supervising teacher/adult, I would like to add the following team member(s) to my team:

1. Name: _____

6. Name: _____

2. Name: _____

7. Name: _____

3. Name: _____

8. Name: _____

4. Name: _____

9. Name: _____

5. Name: _____

10. Name: _____

Deletion:

As the supervising teacher/adult, I would like to delete the following team member(s) from my team:

11. Name: _____

16. Name: _____

12. Name: _____

17. Name: _____

13. Name: _____

18. Name: _____

14. Name: _____

19. Name: _____

15. Name: _____

20. Name: _____

By signing this form, I agree that the changes above will be made to the listed team number.

Signature: _____

Date: _____

The American Rocketry Challenge 2021 Add/Drop Form (Continued)

(make as many copies of this page as necessary)

Additional Team Member			
Name:		Grade:	
Email:		Birthdate (MM-DD-YYYY):	
Gender (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female or _____ (fill in the blank)		Home Zip Code:	
Ethnicity (optional):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
Are you affiliated with or a member of any of the following:	<input type="checkbox"/> National Association of Rocketry	<input type="checkbox"/> 4-H	<input type="checkbox"/> Scouting BSA (including Venturing)
	<input type="checkbox"/> Girl Scouts of the USA	<input type="checkbox"/> Civil Air Patrol	<input type="checkbox"/> AFJROTC
<input type="checkbox"/> Please have sponsors send me information about scholarships, internships, and other career opportunities			
Additional Team Member			
Name:		Grade:	
Email:		Birthdate (MM-DD-YYYY):	
Gender (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female or _____ (fill in the blank)		Home Zip Code:	
Ethnicity (optional):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
Are you affiliated with or a member of any of the following:	<input type="checkbox"/> National Association of Rocketry	<input type="checkbox"/> 4-H	<input type="checkbox"/> Scouting BSA (including Venturing)
	<input type="checkbox"/> Girl Scouts of the USA	<input type="checkbox"/> Civil Air Patrol	<input type="checkbox"/> AFJROTC
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