

## The American Rocketry Challenge 2020 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](mailto: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 2020 Add/Drop Form (Continued)

(make as many copies of this page as necessary)

Additional Team Member			
<b>Name:</b>		<b>Grade:</b>	
<b>Email:</b>		<b>Birthdate (MM-DD-YYYY):</b>	
<b>Gender (optional):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female or _____ (fill in the blank)		<b>Home Zip Code:</b>	
<b>Ethnicity (optional):</b>	<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
<b>Are you affiliated with or a member of any of the following:</b>	<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			
<b>Name:</b>		<b>Grade:</b>	
<b>Email:</b>		<b>Birthdate (MM-DD-YYYY):</b>	
<b>Gender (optional):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female or _____ (fill in the blank)		<b>Home Zip Code:</b>	
<b>Ethnicity (optional):</b>	<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
<b>Are you affiliated with or a member of any of the following:</b>	<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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