

## Team America Rocketry Challenge 2019 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: \_\_\_\_\_  
2. Name: \_\_\_\_\_  
3. Name: \_\_\_\_\_  
4. Name: \_\_\_\_\_  
5. Name: \_\_\_\_\_

6. Name: \_\_\_\_\_  
7. Name: \_\_\_\_\_  
8. Name: \_\_\_\_\_  
9. Name: \_\_\_\_\_  
10. Name: \_\_\_\_\_

### Deletion:

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

11. Name: \_\_\_\_\_  
12. Name: \_\_\_\_\_  
13. Name: \_\_\_\_\_  
14. Name: \_\_\_\_\_  
15. Name: \_\_\_\_\_

16. Name: \_\_\_\_\_  
17. Name: \_\_\_\_\_  
18. Name: \_\_\_\_\_  
19. Name: \_\_\_\_\_  
20. Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Team America Rocketry Challenge

### 2019 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): Male Female or _____ (fill in the blank)		Home Zip Code:	
Ethnicity (optional):	American Indian or Alaska Native	Asian	Black or African American
	Hispanic	Native Hawaiian or Other Pacific Islander	White
Are you 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	AFJROTC
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): Male Female or _____ (fill in the blank)		Home Zip Code:	
Ethnicity (optional):	American Indian or Alaska Native	Asian	Black or African American
	Hispanic	Native Hawaiian or Other Pacific Islander	White
Are you 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	AFJROTC
Please have sponsors send me information about scholarships, internships, and other career opportunities			