



ASTRONOMY WORKSHOP
March 31, 2018 6 PM to 9:00 PM

Applicant's Name: _____

Date of Birth _____ Age: _____ Gender: _____

Name of Parent or Guardian: _____

Relationship to Applicant: _____

Address: _____

E-mail address: _____

Emergency Contact: _____

Emergency Contact phone number: _____ Cell phone: _____

Allergies or Medical Conditions of which we should be aware: _____

I hereby give my consent for my child to be photographed and videotaped while participating in this workshop. I understand that the photographs and video may be used by the American Helicopter Museum and Education Center for marketing purposes.

Parent's Signature: _____ Date: _____

Completed application should be emailed to pkahan@americanhelicopter.museum.