



### GIST 2017-2018 Application

Applicant's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

Girl Scout: (Circle one) YES or NO Troop # (if Applicable): \_\_\_\_\_

School of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of (Second) Parent or Guardian: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Allergies or Medical Conditions of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian giving permission for applicant to participate in WATP:

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

**Completed application should be emailed to [info@americanhelicopter.museum](mailto:info@americanhelicopter.museum).**