

WINGS AEROSPACE OVER THE ROCKIES. WINGS AEROSPACE PATHWAYS

I would like to pre-register the following participants for the Wings Aerospace Pathways program.

STUDENT NAME	DATE OF BIRTH	INCOMING GRADE LEVEL
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a school, district, or other progra determine their own academic r opportunities in aerospace that	ospace Pathways program is currently an enric am and is non-credit bearing. As such, it is the needs. The program is intended to provide parti have been occurring for over 25 years at the m piring, promoting, and empowering participants	responsibility of each family to cipants with hands-on, experiential useum. The skills and experiences in
PARENT/GUARDIAN NAME		RELATIONSHIP TO PARTICIPANT(S)
CELL PHONE	ALTERNATIVE PHONE	LEGAL GUARDIAN 🛛 YES 🗅 NO
STREET ADDRESS		APARTMENT/UNIT
CITY	STATE	ZIP CODE
CURRENT DISTRICT/SCHOOL	EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN SIGNATURE		DATE SIGNED

Please complete and return this form to the museum.

Wings Over the Rockies Air & Space Museum 7711 E. Academy Blvd. Denver, CO 80230