



CHALLENGER LEARNING CENTER

at Prairie Aviation Museum

Dedicated to Joseph F. Warner

Data Form

Complete the form below. Please print.

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

School I am attending with _____

School Phone # _____

Cell phone or Alt. phone # _____

I am attending the CLC as a:

- Teacher
- Chaperone
- Other _____

The following demographic items are requested for state reporting:

Male Female

Are you Hispanic or Latino? Yes No

Are you from one or more of the following racial groups?

American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White Choose Not to Respond

Identify your primary racial group from the list above: _____

Are you in the United States on a Visa-Nonresident Alien? Yes No

If yes, please indicate Visa type _____ Country of origin _____

Notice of Photo/Interview Release: Newspapers and television stations like to feature our students/adults in special news releases. Occasionally, students/adults are photographed/interviewed in our classes. I agree to give all privileges for copyright and publication of my images in photographs for use in the promotion or advertisement of The Challenger Learning Center.

Check here only if you do NOT consent to photo/response release.

Signature _____

Date _____

| | | |
|----------------------|------------------|----------------|
| FOR OFFICE USE ONLY: | Empl ID _____ | Mission# _____ |
| Date Received _____ | Entered by _____ | Scenario _____ |
| | | Teacher _____ |