



NATIONAL MUSEUM OF THE UNITED STATES AIR FORCE™

2016 AEROSPACE CAMP REGISTRATION

INSTRUCTIONS

Payment must accompany registration. Cash or check only. If paying by check, please make the check payable to:
Air Force Museum Foundation, Inc.

Form must be clearly written and all appropriate areas completed. Please print or type. A parent's signature is required.

Mail (with payment) to: NMUSAF/MUT
Aerospace Camp
1100 Spaatz Street
WPAFB OH 45433-7102

Questions?
Contact the Education Division at 937-255-4646
or 255-4666 or 255-4652

Registration will be accepted on a first come, first served basis. You will be notified of your registration status by e-mail.

SECTION I: INFORMATION

Camper's full name:

Nickname?

Grade finished by June 28, 2016:

Birthdate:

Male ☐ Female ☐

Parent or guardian name:

Street address:

City:

State:

Zip:

Home Phone:

Work phone:

Cell phone:

E-mail (for confirmation):

T-shirt (Optional – add \$10): **Youth:** 10 - 12 ☐ 14 - 16 ☐ **Adult:** Small ☐ Medium ☐ Large ☐ X-L ☐

Does your child have any special needs requiring accommodations? No ☐ Yes ☐

If yes, please explain:

SECTION II: Camp Choice(s)

☐ Exploring Flight

July 13

9:00 to 2:30

Campers must have finished grades 4,
5 or 6

Cost is \$15

☐ Exploring Engineering

July 27

9:00 to 2:30

Campers must have finished grades 6, 7
or 8

Cost is \$15

SECTION III: Parent Signature (required)

I give my permission for _____ to participate in the National Museum of the United States Air Force Aerospace Camp during the summer of 2016. I understand that I need to bring him/her to the Museum promptly at 9:00 a.m. and pick up promptly at the close of camp. I also grant permission for my child's photograph to be taken and used for any promotional or educational purposes related to the camp.

Printed Name: _____

Relationship to camper: _____

Signature: _____

Date: _____