



CLASS LIST

Teacher: School:

School Address:

City: Zip Code:

School Phone Number:

Principal:

School District:

Date: Grade:

Please check the spelling of your students' names for accuracy. Write in each student's flight name next to their name on the Roster.

Upon completion, please return this form to Beth Brooks

Thank you!

Please type or print the names of your students in alphabetical order by last name. A copy of this form must be sent to our office via fax (803) 647-8195 or mail no later than one week prior to your class' visit. A final copy of this form noting any changes must then be given to the STARBASE Instructor on your first day of class. Please note we cannot accommodate more than 32 students total.

CLASS ROSTER

- | | |
|-----|-----|
| 1. | 17. |
| 2. | 18. |
| 3. | 19. |
| 4. | 20. |
| 5. | 21. |
| 6. | 22. |
| 7. | 23. |
| 8. | 24. |
| 9. | 25. |
| 10. | 26. |
| 11. | 27. |
| 12. | 28. |
| 13. | 29. |
| 14. | 30. |
| 15. | 31. |
| 16. | 32. |

