



FLIGHT SCHOOL 2010

REGISTRATION FORM (one per student)

Student Name

School & Grade (as of fall 2010)

Parent Name

Address

City/State/Zip

Phone

email

Emergency Name & phone

Which program(s) will your student attend?

Program \$ _____
Cost

Date(s)

Program \$ _____
Cost

Date(s)

I would like to help fund a Flight School program for an economically disadvantaged child in the amount of \$ _____

____ Not a Museum member, but would like to join to get the members' tuition rate \$ _____
 Individual (\$50) or Family (\$75)

TOTAL \$ _____

____ Check enclosed (payable to Frontiers of Flight Museum) – OR

Credit Card Number _____ Expiration Date _____

Signature _____

How did you hear about Flight School at the Frontiers of Flight Museum?

Word of Mouth ____ Attended before ____ Dallas Morning News ____ Other newspaper ____
Radio/TV ____ Web Site ____ Other _____

Mail or bring to:
Frontiers of Flight Museum, 6911 Lemmon Avenue, Dallas, Texas 75209
(214) 350-1651 www.flightmuseum.com

