

**4-H AEROSPACE CHALLENGE ENTRY FORM  
NATIONAL 4-H ENGINEERING CHALLENGE**

State: \_\_\_\_\_

Date: \_\_\_\_\_

**Individual or Team Member 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

County \_\_\_\_\_ Age as of 1/1: \_\_\_\_\_

**Please describe your experience with model rocketry in the space provided below:**

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**Team Member 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

County: \_\_\_\_\_

**Please describe your experience with model rocketry in the space provided below:**

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**Teacher, Extension Agent or Volunteer Leader Authorization/Confirmation:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)