

Young Aviators Class Registration

<input type="checkbox"/>	June 16-20
<input type="checkbox"/>	July 14-18

Date of Class: _____ 2025 (Cost \$75/student)

Deposit (\$75/student) due by: _____ Paid: _____

(Please note – If deposit not paid by 4 weeks prior to the class start date, position will be given to next on waiting list)

Young Aviator's Name: _____

Home Address: _____

Phone: _____ Cell: _____ Home: _____

E-Mail Address: _____

Contact Person: _____ Relationship: _____

Youth's Age: _____ *(must be between 9 – 13 by date of class)*

Is there any medical condition or other situation with the youth that we need to be aware of? _____

Make checks payable to: **Combat Air Museum**

Send to: **Combat Air Museum, 7016 SE Forbes Ave., Topeka, KS 66619-1444**
