Virginia Spaceport Authority Shadow Day Request Form

Student Contact Information

Name: Grade & Age:

School: School Address/Division:

Email: Phone Number:

Questionnaire

1. **How did you hear about Virginia Spaceport Authority?**

2. **Why are you interested in participating in a shadow day?**

3. **What kind of career do you see yourself in after graduation?**

4. **What class have you taken or will take that relates to your future career?**

FOR PARENT/GUARDIAN (Required for minors)	FOR SCHOOL REPRESENTATIVE
Name:	**Name:**
Phone number:	**Position:**
Email:	**Phone number:**
	Email:
Signature: _____	**Signature:** _____
Date: _____	**Date:** _____