



BalloonSat Workshop Application
June 17 & 18, 2010 Arkansas State University

Fax to Ed Roberts at 479-968-3442

Name: _____

Home Address: _____

Primary Phone: _____

School Name: _____

School Address: _____

School Phone: _____ Fax: _____

Primary e-mail address: _____

Summer e-mail (if different): _____

If you can answer yes to all of the following questions, you meet the requirements to participate in this training.

1. Do you teach 5-12 grade math, science, or facilitate EAST?	Yes	No
2. Can you make space science research part of your curriculum?	Yes	No
3. Can you participate, with a student team, on a Saturday launch?	Yes	No
4. Do you routinely download and install computer software?	Yes	No
5. Do you understand and practice lab safety procedures?	Yes	No
6. Have you reviewed the AASSE website ?	Yes	No

I agree to use the training received and supplied equipment to lead my students in the design of a BalloonSat payload, participate in a near-space mission during the next school year, and encourage my students to participate in local, regional, or state science fairs. I understand all equipment provided will remain the property of the Arkansas Academy for Space Science Education and will be returned if or when I leave the program. I also understand I will be required to share my experiences in this program with other teachers.

Signature: _____ Date: _____

I agree to the above statement and support this teacher's involvement in near-space research as part of their course curriculum.

Building Principal's Signature: _____ Date: _____