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 SCHOOL REPRESENTATIVE USE ONLY

Name: ___________________________ Phone number: ___________________________

Position: ___________________________ Email: ___________________________

Signature: ___________________________ Date: ___________________________