



Academy Roster

School: _____ Academy #: _____

Teacher Name: _____

Teacher Email: _____

167TH Airlift Wing – 222 Sabre Jet Blvd. – Martinsburg, WV 25405 – (304) 616-5501 Voice (304) 616-5478 Fax
<http://www.dodstarbase.org>

Provide name and call sign (a nickname of 10 characters or less) for each student and teacher.

Assign each student to a flight, using each flight if possible. Please try to assign 4-5 students per flight.

Please return this form NO LATER THAN 1 WEEK PRIOR to your first day. Roster may be faxed as soon as complete.

	First & Last Name	Call Sign	Flight					
			A	B	C	D	E	F
Teacher								
Teacher								
Teacher								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								



First & Last Name

Call Sign

Flight

A

B

C

D

E

F

15

16

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