TEACHER, GROUP LEADER, OR STUDENT
STATUS VERIFICATION APPLICATION

TEACHERS/GROUP LEADERS: **Complete Section 1.**
STUDENTS: **Complete Section 2 and have your teacher or group leader complete Section 1.**
NOTE: *Be sure to spell out the complete name of your school or organization – "Indiana State University" rather than "ISU"; "Wade Middle School" rather than "Wade"; "Boy Scout Troop #890" rather than "Scout Troop".*

1. To Be Completed By Teacher or Group Leader:

NAME & TITLE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

COMMENTS: _____

_____

_____

SIGNATURE: _____

SCHOOL/ORGANIZATION NAME & ADDRESS:

_____

_____

_____

SCHOOL/ORGANIZATION TYPE:

☐ Pre-Elementary ☐ High School
☐ Elementary ☐ College/University
☐ Junior High ☐ Alternative Education

HOW DID YOU LEARN ABOUT US?

Email High School
Another Website Search Engine
Other (Please Specify) _____

2. To Be Completed By Student:

NAME: _____

EMAIL ADDRESS: _____

TELPHONE NUMBER: _____

STUDENT IDENTIFICATION NUMBER: _____

Signature below verifies to the World Hovercraft Organization the above information is correct. This information will only be used for registration with the DiscoverHover program and will not be transferred or sold to any third party organizations.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____
(REQUIRED if under 18)

ONCE COMPLETED, THIS FORM SHOULD BE MAILED, FAXED, OR EMAILED TO:

DiscoverHover Registration
1649 Tippecanoe Street
Terre Haute, Indiana, USA 47807-2394
office@worldhovercraft.org
PHONE: 812-234-1120 FAX 812-234-3217