Tampa Bay Rocketry Association

The Tampa Area Organization of Non-Professional Rocketry
Prefecture 17 of Tripoli Rocketry Association
Section 934 of the National Association of Rocketry

GROUP LAUNCH REQUEST

In order to accommodate groups wishing to attend a TBRA launch event, the following procedures must be followed.

1. A request to attend as a group must be made to the TBRA Group Manager a minimum of two (2) weeks in advance of the scheduled launch event. The request must include the group name, group leader's name, approximate number of attendees, and the approximate time of arrival.

2. Each adult person attending, whether as a participant or a spectator, must sign the TBRA Release and Waiver of Liability. These must be presented to the Group Manager or Range Safety Officer (RSO) on or before the day of the event.

3. Any attendees under the age of eighteen (18) must have a TBRA Minor Liability Waiver signed by a parent or legal guardian.

4. All individuals attending should be familiar with the TBRA Launch Site Policies and Procedures.

5. The Range Safety Officer (RSO) and Launch Control Officer (LCO) are charged with maintaining overall safety of the launch site. Their instructions will be followed at all times. Safety decisions made these officers are final and may not be appealed on the field.

6. The group leader shall be responsible for the supervision and conduct of the group attendees.

7. Required forms may be reproduced as needed.

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Group Launch Request

Group Name: ________________________________ Sponsor Organization: ________________________

Group Leader: ____

Address: ______________________________ City/State: _______________________ ZIP: ___________

Home Phone: (____) ____ - ______ Work Phone: (____) _____ - _______ Cell Phone: (___) ___ - _____

Date of Birth: ___ / ___ / _____ Age: _____ If under Eighteen E-Mail Address: ____________________________________
E-Mail address is optional, and will be only used for TBRA notification

TRA Member: Yes / No TRA Number: _________ Expires: __________ Certification Level: _____

NAR Member: Yes / No NAR Number: _________ Expires: __________ Certification Level: _____

GROUP MEMBERS

Name: ______________________________________ Age: _____ If under Eighteen Date of Birth: _____/_____/______

TRA Member: Yes / No TRA Number: _________ Expires: __________ Certification Level: ____

NAR Member: Yes / No NAR Number: _________ Expires: __________ Certification Level: ____

Name: ______________________________________ Age: _____ If under Eighteen Date of Birth: _____/_____/______

TRA Member: Yes / No TRA Number: _________ Expires: __________ Certification Level: ____

NAR Member: Yes / No NAR Number: _________ Expires: __________ Certification Level: ____

Name: ______________________________________ Age: _____ If under Eighteen Date of Birth: _____/_____/______

TRA Member: Yes / No TRA Number: _________ Expires: __________ Certification Level: ____

NAR Member: Yes / No NAR Number: _________ Expires: __________ Certification Level: ____

Name: ______________________________________ Age: _____ If under Eighteen Date of Birth: _____/_____/______

TRA Member: Yes / No TRA Number: _________ Expires: __________ Certification Level: ____

NAR Member: Yes / No NAR Number: _________ Expires: __________ Certification Level: ____

Name: ______________________________________ Age: _____ If under Eighteen Date of Birth: _____/_____/______

TRA Member: Yes / No TRA Number: _________ Expires: __________ Certification Level: ____

NAR Member: Yes / No NAR Number: _________ Expires: __________ Certification Level: ____

Date: ___ / ___ /_____ Signature of Group Leader: ____________________________

GROUP MEMBERS (continued)

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____

Name: ______________________________________ Age: _____ Date of Birth: _____/_____/______
If under Eighteen

TRA Member: Yes / No TRA Number: __________ Expires: ___________ Certification Level: ____

NAR Member: Yes / No NAR Number: __________ Expires: ___________ Certification Level: ____
