



Name: \_\_\_\_\_

Rack and Pad # (A6, D2, etc.) \_\_\_\_\_

Rocket Manufacturer: \_\_\_\_\_

Rocket Name: \_\_\_\_\_

Diameter: \_\_\_\_\_ Length: \_\_\_\_\_ Color: \_\_\_\_\_

Weight \_\_\_\_\_

Motor(s) installed: \_\_\_\_\_

You are liable for any damage or injury caused by your rocket.  
Are you completely comfortable with the ability of this rocket  
to fly safely? \_\_\_\_\_

Comments:

<u>To be filled in by LCO:</u>	
Flight:	<input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Bad
Recovery:	<input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Bad
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