

# 2018-2019 DoD STARBASE Pre-Flight Questionnaire



First and Last Name: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Incorrect	<input type="radio"/> a	<input type="radio"/> b	<input checked="" type="radio"/> c	<input type="radio"/> d	<input type="radio"/> e
Incorrect	<input type="radio"/> a	<input type="radio"/> b	<input checked="" type="radio"/> c	<input type="radio"/> d	<input type="radio"/> e
Correct	<input type="radio"/> a	<input type="radio"/> b	<input checked="" type="radio"/> c	<input type="radio"/> d	<input type="radio"/> e

1.       A  B  C  D
2.       A  B  C  D
3.       A  B  C  D
4.       A  B  C  D
5.       A  B  C  D
6.       A  B  C  D
7.       A  B  C  D
8.       A  B  C  D
9.       A  B  C  D
10.      A  B  C  D
11.      A  B  C  D
12.      A  B  C  D
13.      A  B  C  D
14.      A  B  C  D