



Academy Roster

School: _____

Teacher Name: _____

Teacher Email: _____

McEntire JNGB – 1325 South Carolina Road; Stop 39 – Eastover, SC 29044
 (803) 647-8126 Fax: (803)647-8195

Please provide name and call sign (13 characters or less) for each student and teacher.
 Return this form **NO LATER THAN 1 WEEK PRIOR** to your first day. Roster may be
 faxed or emailed to : Elizabeth.barkley.ctr@ang.af.mil

	Gender	First & Last Name	Call Sign
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