

WORKSHOP REQUEST FORM

Time <small>*You may choose your own 45 minutes time period</small>		Workshop Request <small>* Please try to fill team one's schedule before requesting a second team.</small>	Teacher's Name	Grade	# of Students
Team 1 9:15-10:00	Preferred time	1.			
10:05-10:50		2.			
10:55-11:40		3.			
12:45-1:30		4.			
1:35-2:20		5.			
2:25-3:10		6.			
Team 2 9:15-10:00	Same as above <input type="checkbox"/>	1.			
10:05-10:50		2.			
10:55-11:40		3.			
12:45-1:30		4.			
1:35-2:20		5.			
2:25-3:10		6.			
Team 3 9:15-10:00	Same as above <input type="checkbox"/>	1.			
10:05-10:50		2.			
10:55-11:40		3.			
12:45-1:30		4.			
1:35-2:20		5.			
2:25-3:10		6.			
Team 4 9:15-10:00	Same as above <input type="checkbox"/>	1.			
10:05-10:50		2.			
10:55-11:40		3.			
12:45-1:30		4.			
1:35-2:20		5.			
2:25-3:10		6.			
Team 5 9:15-10:00	Same as above <input type="checkbox"/>	1.			
10:05-10:50		2.			
10:55-11:40		3.			
12:45-1:30		4.			
1:35-2:20		5.			
2:25-3:10		6.			

School name Address City/Town

Postal Code Phone Fax Contact Name Estimated Cost

Requested Date Alternative Date(s) Fax or Email Invoice to Email Address