

Please complete ONE form listing all proposals submitted

Teacher's Name: _____

Address: _____

City _____ State. _____ Zip. _____

Phone. _____ Email _____

May we call you with questions at this phone number? _____ Alternate # _____

Proposal Packet Contents (describe the proposal items you are submitting)

4 Day Proposals	
Proposal	Class Title

3 Day Proposals	
Proposal	Class Title

2 Day Proposals	
Proposal	Class Title

1 Day Proposals	
Proposal	Class Title