Self, Family & Team:
Workshop Registration Agreement

1. Name_____
   Address_____
   Phone (h) _____ (w or cell)_____

2. Name of school where children attend:
   _____ Grade(s) _____
   _____ Grade(s) _____
   _____ Grade(s) _____

3. First language?_____

4. Do you have a job outside the home?_____yes _____no
   Where?_____

5. Are you currently involved in your school? _____ yes _____ no
   How? _____

6. How do you think this training will help you?

7. What do you like best about your school and community?

8. What would you like to see changed?

I commit to complete the entire training course of six-2 hour workshops:

_____ _____
Signature Date

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