

EYES Workshop Request Form

Time <small>*You may choose your own 45 minute 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 TOTAL GIRLS* FNMI*
Team 1	Preferred time				
9:15-10:00		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	Same as above <input type="checkbox"/>				
9:15-10:00		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	Same as above <input type="checkbox"/>				
9:15-10:00		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	Same as above <input type="checkbox"/>				
9:15-10:00		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	Same as above <input type="checkbox"/>				
9:15-10:00		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		
Requested Date	Alternative Date	Email or Fax invoice to:		Email address	

***For statistical purposes only. These statistics assist in grant applications keeping our fees low.**