



Teachers' Application

NOTE: All fields are required. Please use NA in those fields that do not apply.

First Name _____ Last Name _____

Mailing Address _____

City _____ State ____ Zip _____

Email _____

Phone Daytime _____ Evening _____

Street Address _____

City _____ State ____ Zip _____

Languages _____

Days available from 2:30 - 4:30 _____

I Will Attend Training on dates listed below

I Will Not Attend Training on dates listed below

TEACHER TRAINING

(must attend both dates)

Summer session: **Monday, August 1, 2005 & Monday, August 8, 2005**

6:00 to 9:00 pm at Ruiz Branch of the Austin Public Libraries

Where did you hear about this program? _____

Comments: _____

For more information, please call: Patsy Fordyce, Director
512-294-4536 or email: info@smartmouths.org
www.smartmouths.org