



**Teacher Registration Form**

**Name:** \_\_\_\_\_

**School Name & Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Grade:** \_\_\_\_\_

**Numbers of Students (per class):** \_\_\_\_\_

**Availability: Please specify your preferred days and times for a 40-60 minutes presentation:**

MARCH 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

