

PID #

INVOICE #

OFFICE USE ONLY

PROJECT Citizen

Center for Civic Education, 5145 Douglas Fir Road, Calabasas, CA, 91302-1440, (800) 350.4223, www.civiced.org

Directed by the Center for Civic Education and funded by the U.S. Department of Education under the Education for Democracy Act approved by the United States Congress. Project Citizen is sponsored by the Center for Civic Education in cooperation with the National Conference of State Legislatures.



REGISTRATION FORM

To receive one complimentary set of instructional materials, you must fill out this form completely. When completed, tear off the last sheet (yellow) and keep it for your records. **Return the rest of this form to your congressional district coordinator or the trainer for approval.** Allow 2-4 weeks for delivery after the Center receives this registration form from the district coordinator. **PLEASE TYPE OR PRINT LEGIBLY WITH A BALLPOINT PEN - YOU ARE MAKING FIVE COPIES.**

| | | | | | |
|--|--|--|-----------------------------------|---|----------------------------|
| EVENT ATTENDED | | DATES ATTENDED | | COORDINATOR/TRAINER | |
| EVENT LOCATION | | CITY | | STATE | |
| TITLE <input type="checkbox"/> TEACHER <input type="checkbox"/> PRESERVICE TEACHER <input type="checkbox"/> OTHER _____ | | | SCHOOL DISTRICT/ORGANIZATION NAME | | |
| MR. MRS. MS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | LAST NAME | | OFFICIAL SCHOOL NAME | |
| FIRST NAME | | MI | | SCHOOL/ORGANIZATION ADDRESS_NO DELIVERIES TO P.O. BOXES | |
| HOME ADDRESS_NO DELIVERIES | | | | | |
| | | CITY | | STATE ZIP+4 | |
| CITY | | STATE ZIP+4 | | SCHOOL/ORGANIZATION PHONE SCHOOL FAX () () | |
| HOME PHONE () | | HOME FAX () | | SCHOOL/ORGANIZATION EMAIL | |
| HOME EMAIL | | | CONGRESSIONAL DISTRICT OF SCHOOL | | |
| COURSE | | GRADE LEVEL ▶ | # CLASSES/GROUPS PARTICIPATING ▶ | # STUDENTS PARTICIPATING ▶ | # STUDENTS PER CLASSROOM ▶ |
| TYPE OF SCHOOL/ORGANIZATION <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> YOUTH ORG <input type="checkbox"/> CLUB <input type="checkbox"/> OTHER _____ | | | | | |
| GRADE LEVEL OF BOOKS REQUESTED <input type="checkbox"/> LEVEL 1 ENGLISH (GRADES 5-8) <input type="checkbox"/> LEVEL 1 SPANISH (GRADES 5-8) <input type="checkbox"/> LEVEL 2 ENGLISH (GRADES 9-12) | | | | | |
| TEACHER AGREEMENT I have reviewed the information provided to me on the Project Citizen program and would like to receive one complimentary set of instructional materials. I agree to use the materials in my class(es). | | | | | |
| SIGNATURE _____ | | | DATE _____ | | |
| ONLY CCE STATE OR DISTRICT COORDINATOR MAY COMPLETE THIS SECTION | | | | | |
| The Center for Civic Education has appointed me as a district coordinator for your congressional district. | | | | | |
| CONGRESSIONAL DISTRICT | | MR. MRS. MS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | FIRST NAME MI LAST NAME | |
| ADDRESS | | CITY | | STATE ZIP+4 | |
| WORK PHONE () | | HOME PHONE () | | EMAIL | |
| SEND BOOKS TO <input type="checkbox"/> NO DELIVERIES TO HOME ADDRESS/P.O. BOXES <input type="checkbox"/> SCHOOL/ORGANIZATION ADDRESS <input type="checkbox"/> DO NOT SHIP BOOKS | | | | | |

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| <input type="checkbox"/> |
| <input type="checkbox"/> |
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WHITE +BLUE SHEET Center for Civic Education GREEN SHEET State Coordinator PINK SHEET District Coordinator YELLOW SHEET Teacher