

PROJECT Citizen

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
 SPONSORED BY THE CENTER FOR CIVIC EDUCATION IN COOPERATION WITH THE NATIONAL CONFERENCE OF STATE LEGISLATURES
 CENTER FOR CIVIC EDUCATION, 5145 DOUGLAS FIR ROAD, CALABASAS, CA, 91302-1440, (800)350.4223, WWW.CIVICED.ORG



REGISTRATION FORM

To receive a complimentary set of instructional materials, you must provide all information. When you have completed the form, tear off the last sheet (yellow) and keep it for your records. Return the rest of the form to your congressional district coordinator or the trainer. For the name and contact information of your congressional district coordinator, please contact the Center for Civic Education. Allow 2-3 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 (IF APPLICABLE)		DATES ATTENDED		COORDINATOR/TRAINER	
		to			
LAST NAME		CIRCLE ONE MR. MRS. MS.		SCHOOL DISTRICT NAME	
FIRST NAME		MI		OFFICIAL SCHOOL NAME	
HOME ADDRESS (NO DELIVERIES TO P.O. BOXES)				SCHOOL ADDRESS (NO DELIVERIES TO P.O. BOXES)	
HOME ADDRESS (CONT'D)				SCHOOL ADDRESS (CONT'D)	
CITY		STATE		ZIP+4	
HOME PHONE		HOME FAX		SCHOOL PHONE	
()		()		()	
HOME EMAIL				SCHOOL EMAIL	
COURSE		GRADE LEVEL		CONGRESSIONAL DISTRICT OF SCHOOL	
NO. OF CLASSES PARTICIPATING		NO. OF STUDENTS PARTICIPATING		DISTRICT COORDINATOR COMPLETES THIS SECTION The Center for Civic Education has appointed me as a district coordinator for your congressional district. COORDINATOR - PLEASE CHECK ONE <input type="checkbox"/> SHIP BOOKS TO THE PERSON IDENTIFIED ABOVE AS SOON AS POSSIBLE <input type="checkbox"/> DO NOT SHIP BOOKS. REGISTRANT RECEIVED SET AT IN-SERVICE TRAINING <input type="checkbox"/> DO NOT SHIP BOOKS	
TYPE OF SCHOOL					
<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"/> YOUTH ORGANIZATION <input type="checkbox"/> OTHER - DESCRIBE					
LANGUAGE OF BOOKS REQUESTED					
<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH					
SEND MY BOOKS TO (NO DELIVERIES TO P.O. BOXES)				CONGRESSIONAL DISTRICT	
<input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> SCHOOL ADDRESS <input type="checkbox"/> NOT APPLICABLE				LAST NAME	
				CIRCLE ONE MR. MRS. MS.	
TEACHER AGREEMENT				FIRST NAME	
I have reviewed the information provided to me on the WE THE PEOPLE: PROJECT CITIZEN program and would like to receive a complimentary set of instructional materials. I agree to use the materials in my class(es).				MI	
				ADDRESS	
				CITY	
				STATE	
				ZIP+4	
				WORK PHONE	
				HOME PHONE	
				()	
				()	
SIGNATURE		DATE		EMAIL	

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