

Teacher Application Form
Suffrage Centennial Workshop

School Name: _____ Office Phone: _____

School Address: _____

Teacher Information:

Name: _____

Subject(s) and Grade Level(s) Taught: _____

Home Address: _____

School phone (ext): _____ Home Phone: _____

School e-mail: _____ Home email: _____

What is the best e-mail, phone, and address to contact you during the summer months?

___ Home ___ School

I have read the Suffrage Centennial Workshop project description and requirements, including the commitments required for participation and implementation. I agree to participate in the Suffrage Centennial Workshop as described, including training, integration of project materials into the classroom and participate in the online support forum.

Teacher's signature _____ Date _____

Mail to:

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