



**Colonial Williamsburg Teacher Institute 2017
Registration Form – Letter of Interest**

Name _____

Home Address _____

Home Telephone Number _____

Home E-mail Address _____

School District _____ School Phone _____

School Name _____ School Fax _____

School Address _____

School E-mail Address _____

Years Teaching Experience _____ Grade Level _____

Describe the type of students you have in your classroom.

Print your name as you would like it to appear on any official document.

Print your name as you would like it to appear on your nametag.

Room Assignments: If you know of another participant whom you would like as a roommate, please state the person's name. If not, roommates will be assigned according to sex, city of residence, and years of teaching experience.

Roommate: _____ Sex: M F

Meals: During the week, you will have a choice of entrees at your meals. Please list any dietary restrictions.

Health: The pace of the Colonial Williamsburg Teacher Institute is intense, but provides a comprehensive experience. Depending on weather conditions and the daily program schedule, participants sometimes walk two-three miles in extreme heat and humidity. Please let us know if you have any medical conditions that would affect your full participation.

Please return completed form to Laura Trahan ltrahan@marinschools.org by February 10, 2017.