

Parenting Seminar Request Form

Please complete in full - **print in black ink**. Send completed forms by:

FAX: (651) 556-1217 **MAIL:** SYKE, 11658 65th Ave. N, Maple Grove, MN 55369

Name of Event Coordinator: _____	Event Topic(s) Requested:
Address: _____ _____	Finding Education Value in Everyday Play
Daytime Phone: _____	Family Literacy
<input type="checkbox"/> Please call me regarding this event.	Back to School Basics
FAX: _____	Classroom Discipline in the Home
Email: _____	If it takes a village to raise a child, where is my kids village?
Name and location of event (if different from above) _____ _____ _____	How to host a successful birthday party in your home
	Date Requested: ___/___/___
	Day of the week: S M T W TH F S
	Start time: _____ am / pm
	End time: _____ am / pm

Please do not send payment.

You will receive an event confirmation invoice via fax or email.

Payment will be due 2 weeks prior to event date.