

Staff Development Workshop 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

<p>Name of Event Coordinator: _____</p> <p>Address: _____</p> <p>_____</p> <p>Daytime Phone: _____</p> <p><input type="checkbox"/> Please call me regarding this event.</p> <p>FAX: _____</p> <p>Email: _____</p> <p>Name and location of event (if different from above)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Event Topic(s) Requested:</p> <p>Finding Education Value in Everyday Play</p> <p>Raising a Reader (and a writer)</p> <p>Positive Discipline</p> <p>Date Requested: ___ / ___ / ___</p> <p>Day of the week: S M T W TH F S</p> <p>Start time: _____ am / pm</p> <p>End time: _____ am / pm</p>
<p>Questions or Special Requests:</p> 	

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.