

CLOVIS UNIFIED SCHOOL DISTRICT'S  
TEACHER CENTER  
WORKSHOPS



**REGISTRATION FORM**

Name \_\_\_\_\_

School Site/Dept. \_\_\_\_\_

Workshop \_\_\_\_\_

Date of Workshop \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please deduct the registration fee from my Teacher Center account.  
(Unless box is marked, I will pay by the cut-off date. Check website for date or call 327-9580.)

**\*\*\*If you are a classroom helper** and your teacher wishes to charge your fee to his/her Teacher Center account, we will need an email from the teacher or a signature on the line below.

\_\_\_\_\_

(Please Print)

\_\_\_\_\_

(Signature)



327-9580

[www.clovisusd.k12.ca.us/teachercenter](http://www.clovisusd.k12.ca.us/teachercenter)

