

PID #

INVOICE #

OFFICE USE ONLY



WE THE PEOPLE: THE CITIZEN AND THE CONSTITUTION

Center for Civic Education, 5145 Douglas Fir Road, Calabasas, CA, 91302-1440, (800) 350.4223, www.civiced.org

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REGISTRATION FORM

To receive one complimentary set of instructional materials, you must fill out this form completely. When completed, tear off the last sheet (yellow) and keep it for your records. **Return the rest of this form to your congressional district coordinator or the trainer for approval.** Allow 2–4 weeks for delivery after the Center receives this registration form from the district coordinator. **PLEASE TYPE OR PRINT LEGIBLY WITH A BALLPOINT PEN – YOU ARE MAKING FIVE COPIES.**

EVENT ATTENDED		DATES ATTENDED		COORDINATOR/TRAINER	
EVENT LOCATION		CITY		STATE	
TITLE <input type="checkbox"/> TEACHER <input type="checkbox"/> PRESERVICE TEACHER <input type="checkbox"/> OTHER _____			SCHOOL DISTRICT NAME		
MR. MRS. MS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		LAST NAME		OFFICIAL SCHOOL NAME	
FIRST NAME		MI		SCHOOL ADDRESS_NO DELIVERIES TO P.O. BOXES	
HOME ADDRESS_NO DELIVERIES					
		CITY		STATE ZIP+4	
CITY		STATE ZIP+4		SCHOOL PHONE SCHOOL FAX () ()	
HOME PHONE ()		HOME FAX ()		SCHOOL EMAIL	
HOME EMAIL		CONGRESSIONAL DISTRICT OF SCHOOL			
COURSE		GRADE LEVEL ▶	# CLASSES/GROUPS PARTICIPATING ▶	# STUDENTS PARTICIPATING ▶	# STUDENTS PER CLASSROOM ▶
TYPE OF SCHOOL <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER _____					
GRADE LEVEL OF BOOKS REQUESTED <input type="checkbox"/> ELEMENTARY (GRADES 4–6) <input type="checkbox"/> MIDDLE (GRADES 7–9) <input type="checkbox"/> HIGH (GRADES 10–12)					
TEACHER AGREEMENT I have reviewed the information provided to me on the We the People: The Citizen and the Constitution program and would like to receive one complimentary set of instructional materials. I agree to use the materials in my class(es).					
SIGNATURE			DATE		
ONLY CCE STATE OR DISTRICT COORDINATOR MAY COMPLETE THIS SECTION					
The Center for Civic Education has appointed me as a district coordinator for your congressional district.					
CONGRESSIONAL DISTRICT		MR. MRS. MS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		FIRST NAME MI LAST NAME	
ADDRESS		CITY		STATE ZIP+4	
WORK PHONE ()		HOME PHONE ()		EMAIL	
SEND BOOKS TO ▶ NO DELIVERIES TO HOME ADDRESS/P.O. BOXES <input type="checkbox"/> SCHOOL ADDRESS <input type="checkbox"/> DO NOT SHIP BOOKS <input type="checkbox"/>					

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