INSTRUCTOR/CLASS INFORMATION
4-H SUPER SATURDAY
Meridian High School
March 13, 2004

CLASS TITLE: (Simple, descriptive title is best)

CLASS DESCRIPTION: (Please write it as you want it to appear in the brochure.)

INSTRUCTOR INFORMATION:

Name: ________________________________________________________________

Address: ______________________________________________________________

City: __________________________ State: _________ ZIP: _________________

Day phone: ________________ Evening phone: ________________ FAX: __________

Email: ________________________ Club affiliation: _______________________

MINIMUM CLASS SIZE: __________ MAXIMUM CLASS SIZE: _________________

Grades accepted: __________________ through __________________ [This line required]

CLASS TIME PREFERENCE? (Please circle preferred times.)
One hour class times:
10:00-11:00  11:10-12:10  12:50-1:50  2:00-3:00

Or two hour class times:
10:00-12:10  12:50-3:00

COST OF SUPPLIES PER STUDENT: ________________________________

ROOM REQUEST: (Classroom, gym, cafeteria, auditorium)

EQUIPMENT NEEDED: (VCR, water and sink, white board, tables, etc.)

COMMENTS:

Super Saturday registration fee [not supply fees] will be waived for Instructors. This does not apply to family members of instructor. To insure a spot in classes be sure to submit a registration form prior to February 28.

PLEASE RETURN BY December 1, 2003

RETURN TO: Judy Weaver, 1119 Sunset Avenue, Bellingham, WA 98226
Or email to: Jjweaver@prodigy.net
Telephone: (360) 384-0545