



**TEACHER PARTICIPATION FORM  
STEINBECK YOUNG AUTHORS 2017-2018**

Please Fax form to (831)796-3828 or email to [programs@steinbeck.org](mailto:programs@steinbeck.org) to reserve your place in the program  
**no later than Friday, October 20, 2017**  
**This year you may register online at**  
<http://goo.gl/forms/VPOAWTZJkj>

**There is no cost to participate in the 2017-2018 Program**

**Name of Middle School:** \_\_\_\_\_

**School Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ Telephone \_\_\_\_\_

**Name of Principal:** \_\_\_\_\_ **Principal Email Address:** \_\_\_\_\_

**My Principal knows I am participating in the program:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you like SYA staff to talk with your department about new projects in the curriculum guide?**  
Yes\_\_\_\_ No\_\_\_\_

**Please identify a Lead Teacher at your site who will communicate with SYA staff** \_\_\_\_\_

**First Teacher:**

**Name:** \_\_\_\_\_ **Daytime Phone number** \_\_\_\_\_

**Number of Classes:** \_\_\_\_\_ **Number of Students:** \_\_\_\_\_ **Grade Levels:** \_\_\_\_\_

**Have you participated in the Steinbeck Young Authors Program before?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, how many years have you participated in the Steinbeck Young Authors Program?** \_\_\_\_\_

**What dates do you plan to teach *The Red Pony*?** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Do you need a book set for your classroom?** Yes\_\_\_\_ No\_\_\_\_ **If yes, quantity required** \_\_\_\_\_

**Second Teacher**

Name: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Number of Classes: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Grade Levels: \_\_\_\_\_

Have you participated in the Steinbeck Young Authors Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many years have you participated in the Steinbeck Young Authors Program? \_\_\_\_\_

What dates do you plan to teach *The Red Pony*? \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you need a book set for your classroom? Yes\_\_\_ No\_\_\_ If yes, quantity required \_\_\_\_\_

**Third Teacher**

Name: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Number of Classes: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Grade Levels: \_\_\_\_\_

Have you participated in the Steinbeck Young Authors Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many years have you participated in the Steinbeck Young Authors Program? \_\_\_\_\_

What dates do you plan to teach *The Red Pony*? \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you need a book set for your classroom? Yes\_\_\_ No\_\_\_ If yes, quantity required \_\_\_\_\_

**Fourth Teacher**

Name: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Number of Classes: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Grade Levels: \_\_\_\_\_

Have you participated in the Steinbeck Young Authors Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many years have you participated in the Steinbeck Young Authors Program? \_\_\_\_\_

What dates do you plan to teach *The Red Pony*? \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you need a book set for your classroom? Yes\_\_\_ No\_\_\_ If yes, quantity required \_\_\_\_\_

If you have any questions or comments, please contact Susan Shillinglaw at [susan@steinbeck.org](mailto:susan@steinbeck.org)

**Thank you for participating in the Steinbeck Young Authors Program!**