



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

Please Fax form to (831)796-3828 or email to programs@steinbeck.org to reserve your place in the program
no later than Friday, October 20, 2017

This year you can also register online.

<http://goo.gl/forms/VPOAWTZKj>

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

Thank you for participating in the Steinbeck Young Authors Program!