

Teacher's WISH LIST of potential programs

Make a copy of this for your Site Coordinator and bring this with you to the Fall Booking Day

School: _____

Teacher: _____ Grade _____

My first choice: _____
(Program Title & Sponsor Organization)

Fee and/or Mileage: _____

Preferred Date & Time _____

Alternate Date & Time _____

Second choice: _____
(Program Title & Sponsor Organization)

Fee and/or Mileage: _____

Preferred Date & Time _____

Alternate Date & Time _____

Third choice: _____
(Program Title & Sponsor Organization)

Fee and/or Mileage: _____

Preferred Date & Time _____

Alternate Date & Time _____

Fourth choice: _____
(Program Title & Sponsor Organization)

Fee and/or Mileage: _____

Preferred Date & Time _____

Alternate Date & Time _____

NOTES: _____

