

Registration Request Form

Name of program coordinator:
Program coordinator email:
Program coordinator phone number:
School name:
School address:
City: Zip:
School main phone number:
Is this program a grant recipient requirement? Yes No
Type of resource requested: In-Person program Virtual program Pre-recorded Video
Digital Resource Packet preK/K Digital Resource Packet grades 1-3
Title of on-site presentation(s) requested if applicable:
Number of on-site presentations requested: Grade Level:
Number of sections per grade: Number of students per section:
Preferred month, days of week; time:
Date of last presentation(s) if applicable:
** By requesting the above free resource(s), I agree to complete the evaluation form provided by SWANCC. In-person/virtual/video (1 per class), digital resources (3 activities per class) ** I agree
Additional information:

