

Oklahoma Close Up – 2010
School/Teacher Enrollment Information

(Please print in black or blue ink.)

School: _____

Primary Information

Billing Information (where appropriate)

Principal: _____
(Title) (First Name) (Last Name)

Contact Name: _____

Mailing Address: _____

Billing Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Please check one: Public School Home School
 Private School

Purchase Order Number: _____

Approximate number of students expected to attend from this school _____
(Final Student participant list to be provided by Jan. 15, 2010)

Teacher-Sponsor (who will be attending the program with the students)

(Title) (First Name) (Last Name)

Home Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I prefer to be contacted by: Phone or Email

Best time to reach you during the school day? _____

Roommate Preference: _____

Each teacher will be assigned a roommate. If you desire a single room, you will be responsible for making your own arrangements with the hotel and for paying the cost of your hotel stay.

I prefer a single room so I will make my own arrangements and pay for my own room

Signature: _____

Emergency Contact Information

Emergency Contact: _____

Phone: _____ Alt. Phone: _____

Hometown Newspaper

We would like to send a press release to your local hometown newspaper. Please provide contact details.

Newspaper Name: _____ Phone Number: _____