

2011 SUMMER PAL TRAINING REGISTRATION

School: _____ Advisor(s): _____ / _____

Advisor Summer Contact Information (Address): _____ Phone: _____

School Year 2010-11 Ends: _____ School Year 2011-12 Starts: _____

Training Dates: **Session 1: June 14, 15, & 16, 2011 (Tuesday, Wednesday, & Thursday)**
9:00 a.m. – 3:00 p.m. **Session 2: June 20, 21, & 22, 2011 (Monday, Tuesday, & Wednesday)**
all at EISD

Please complete **ALL** cells for PAL registration information. Please **PRINT CLEARLY**. There is a limit of 10 students and 2 alternates.

NAME: _____	HOME ADDRESS: _____ Street
EMAIL ADDRESS: _____	City, State & ZIP
GRADE IN FALL OF 2011: _____	HOME PHONE: _____ CELL: _____
WHICH TRAINING SESSION DO YOU PREFER (please circle): Session 1 OR Session 2	

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ALTERNATE
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