



Workshop Application

Personal Information

Name: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ Cell Phone (____) _____

Preferred Email Address: _____

Grade currently teach: _____ Teaching Experience: _____ Other Grades Taught: _____

School Information

School Name: _____ Public or Private: _____

School District: _____

School Mailing Address: _____

School Physical Address: _____

City: _____ State: _____ Zip: _____

School Phone (____) _____

Number of students you teach: _____

by gender: _____ male _____ female

by ethnicity: _____ African Am. _____ Caucasian _____ Native American

_____ Asian _____ Other

Workshop Information

Name of Workshop _____

Date _____ Location _____

South Dakota Ag In The Classroom PO Box 577 Pierre, SD 57501

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