



2017 - 18 Registration Form

Adams, Franklin, Fulton, and York Counties

Please return one form for each participating classroom as soon as possible but **not later than December 1.**

School's Name _____

District _____

Mailing Address _____

City _____ County _____ Zip _____

➤ Project Director (teacher) _____ phone _____

Email _____ Signature _____

➤ School principal _____ phone _____

Email _____ Signature _____

➤ Yes!! We want to participate in POETRY OUT LOUD. We will run our school's program between October 1 and December 21, 2017.

➤ The class(s) participating will be (check all that apply)

creative writing

speech class

language arts/English class

other; please describe:

theatre class

➤ Approximate number of students participating is _____

➤ Number of teachers participating is _____

Access Needs: If a person/persons has a disability and requires accommodation to fully participate, please tell us what accommodations are required: _____

_____ Please send me free, curriculum materials including the teacher's guide and DVD.

I understand that all materials and additional resources are online at www.poetryoutloud.org.

Please return this form **AS SOON AS POSSIBLE BUT NO LATER THAN December 1, 2017** to: Hilary Trout, 345 Imperial Drive, York, PA 17403 culturalalliancepol@gmail.com. PLEASE PROVIDE YOUR STUDENT'S NAME AND THE TITLE OF THE 3 POEMS HE/SHE WILL RECITE BY **JANUARY 5**. Thank you!

Questions? Call Hilary at 717-968-6339 or culturalalliancepol@gmail.com

