



DISTRICT TRAINING

Be sure to give the Title of the Class, the Date and the Time.

Name:		
School/Department:		
Phone:		
Position:		
Title of Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		
Additional Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		
Additional Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		
Additional Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		

All classes will be held at IM Terrell Elementary School in the Technology Center, 1850 I.M. Terrell Way in Training Lab assigned. Please complete this form and fax it to 817-922-6967 or e-mail it back to Linda Gray.