

***Wyoming Dinosaur Center***

*110 Carter Ranch Road*

*P.O. Box 351*

*Thermopolis, WY 82443*

*Ph: 307-864-2997 - Fax: 307-864-5762*

***A 501(c)3 Non-Profit Education Corporation***

**Teacher’s Workshop Application Form**

Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Preferred Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School currently working at:

\*If not currently teaching, list your most recent position.

Grade(s)/Age Level(s) Teaching:

Subject(s) Teaching:

Years Teaching:

Highest level of education:

Why do you want to participate in this program?

How do you think that this program will benefit you and your students?

How do you plan to integrate what you learn on this program into your curriculum?

Have you participated in any other programs like this one?

Additional information you may want to share with us: