



**OFFICE OF SPECIAL PROGRAMS AND CONTINUING EDUCATION
TEACHER ENHANCEMENT PROGRAM**

Course Application Form

Please follow carefully the specific registration instructions. Registration is not complete nor is a place in the class reserved for you until full payment has been received. You must include a check with this form to officially register.

Print this form and mail it with your payment. Make your check payable to **EcoAdventures**, and mail to:

Pam Batton
EcoAdventures
5894 South Meadow Drive
Morrison, CO 80465

Phone 303.697.0327
Fax 303.697.0329

Course Name _____ **Course Number** _____

Location _____ **Date** _____ **Time** _____

Your Name _____

Gender Female Male **Date of Birth** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

School Phone _____ **Home Phone** _____

Preferred Email Address (please print clearly) _____

Your School _____

Grade Levels You Teach _____