

Updated 1/28/2015



2015 Principals Registration Form

CBF EDUCATION
Learn Outside

For office use: Course: _____ Date: _____

Course Name _____ Course Code _____

Course names, codes, dates, and descriptions available at www.cbf.org/principals

PERSONAL INFORMATION (please print clearly): **Required Information*

*First Name: _____ *Last Name: _____

*Home Address: _____
(Street) (City) (State) (Zip)

*Best way to contact you: _____ *Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Personal e-mail address _____ *Professional e-mail address _____

*Gender: M F Ethnicity (grant purposes): African American Asian/Pacific Islander Caucasian
 Hispanic Native American Other

Where did you hear about the principals program: Web Colleague Supervisor Conference

Other (Specify): _____

SCHOOL INFORMATION:

*School/Organization: _____

*School/Organization Address: _____
(Street) (City) (State) (Zip)

*School Phone: (____) ____ - ____ *District/County: _____

*Check One: Public School Private School Other (Specify): _____

*School % of free and/or reduced lunch: _____

**There is no fee for the principal programs thanks to the generous support at NOAA's B-WET program.
If you need to cancel your registration, please give CBF 2 weeks notice so that we can fill your spot.**