



TEACHER PROFESSIONAL DEVELOPMENT RETREAT APPLICATION

WORKSHOP HOST STUDIO _____ WORKSHOP DATE _____

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____ - _____

EMAIL _____

NUMBER OF DAYS TO BE TAKEN _____ TOTAL DUE \$ _____

FULL COURSE FEE: **\$450**
SINGLE DAY FEE: **\$200**
HALF DAY FEE: **\$100**

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SIGNATURE (PARENT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE)

MAIL APPLICATONS TO THE HOST STUDIO

MAKE CHECKS PAYABLE TO: **CECCHETTI USA**

CHECK # _____ PAYEE _____ DATE _____