PLT Workshop **Application**

Clinton, NJ 08809



| Contact Ir | nto | | | | | |
|---|-----------------------|--|------------------|-----------------------------|-------------------------------|-----------------|
| Organization/ | School | | | | | |
| Contact Perso | n | | | | | |
| Address* | | | | | | |
| City | | | | State | Zipcode | |
| Email | | | | | | |
| Phone | | | *Please attach d | Fax irections to the | facility where the worksh | op will be held |
| Workshop | Info | | | | | |
| Briefly describ room where th workshop will | ne | | | | | |
| Is there outdo | or access? | ☐ Yes ☐ No | | | | |
| If yes, briefly d the outdoor ar | | | | | | |
| Briefly describ participants' jo functions (grade taught and/or posi | ob e levels | | | | | |
| List three to five that you would accomplish wire workshop. | d like to | | | | | |
| Please return t or mail to: | Project Le | eted application arning Tree ckel's Road | n* by fax 908 63 | 8-5438 or er | nail: newjerseyplt@g ı | mail.com |

*Please remember to include directions to the workshop facility