

## Return this completed form to:

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## **Young Audience Program Reservation Form**

<u>INFORMATION</u>						
Teacher's first and la	ast name:					
	Grades:					
Level	of French: None	□ Ве́́	ginner	Intermediate Advanced		
School's name and	address:					
Teacher's phon (hom						
Teacher's emai	l address:					
REGISTRATION & PF	RICING					
Category	Event			#Students	#Teachers	
Workshop	François Hébel Phot Grades 3-8 Select Available Date		hop			
		*To select more		(20 max)		
		than one, hold down the Ctrl key and click each.			10 students to 1 chaperone, please!	
• Due to limited	Il workshop times for workshop capacity, Flacted schools their time	AF will select 6	schools via lo		1 workshop. FIAF	
<u>PAYMENT</u>						
Check enclosed	Payable to French I	nstitute Allianc	e Française			
Credit Card	Mastercard	Visa	Amex			
Number#				Expires:		
Name on Card: Signature:						