

**2016 GREAT AMERICAN TEACH-IN
HILLSBOROUGH COUNTY PUBLIC SCHOOLS**

SPEAKER REGISTRATION FORM

Mr.____
Mrs.____
Ms.____
Dr.____

(Last)

(First)

(Initial)

Company/
Organization:_____ Position:_____

Email Address:_____

Mailing Address:_____

City: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Presentation Topic: _____

Time of Day Available: _____ a.m. _____ p.m.

Time Available: 1-2 Hours _____ 5-6 Hours _____ 3-4 Hours _____ All Day _____

Preferences: Group Size _____
Number of presentations _____
Length of presentation _____
Grade Level _____

Equipment needs: _____

Please call the school ahead of time if we can assist you in any way.

Signature of Speaker

Date

Willing to volunteer for future events* Yes _____ No _____

****Reoccurring volunteers are asked to complete an HCPS online volunteer application.***

Return this form to Ms. Barra, School Guidance Counselor