Lake Myrtle Elementary Great American Teach In Speaker Interest Form

First Name:		L	Last Name:			
Phone :		E	Email :			
Student Name:		Т	_Teacher Name:			
Company Na	me/ Topic:					
Special Equip	ment Needed:				·	
			part of our Vehic ave @ 11:00am).	le Venue at GAT	I -Located in	
*Are you a Pasco County Schools approved volunteer?YesNo					_No	
Please check	one:					
l wou	ld only like to p	resent in one cl	ass (listed above)	1		
l am v	willing to prese	nt in more than	one class			
Please circle	all that apply:					
9:00-9:30	9:30-10:00	10:00-10:30	10:30-11:00	11:00- 11:30	11:30-12:00	
12:00-12:30	12:30-1:00	1:00-1:30	1:30-2:00			

Please return this form your child's teacher by 10/31/18.

If you are a member of our community and do not have a child that attends LMES, you are welcome to fax the form to our school at 813-794-1091 or email it to Kendra Hutchinson at khutchin@pasco.k12.fl.us