JOB SHADOW DAY REGISTRATION FORM

February 2, 2017

Name			
Company			
Physical Address	City	ST	ZIP
Phone	Fax	E-Mail	

The following individual will be my company coordinator handling this project. Please contact him/her to coordinate the logistics and organize the Job Shadow Day.

Name	
Work Phone	E-Mail

School District or School Preference:

Number of Students Committed:

- ☐ 1 Class (20 to 30 students)
- ☐ 2 Classes (40 to 60 students)
- ☐ More than 2 classes

Student Grade Level Preferred:

- ☐ Middle Grade (6th—8th)
- ☐ High School (9th—12th)
- ☐ No preference

Check all that apply:

- ☐ Our company will participate and **WILL PROVIDE LUNCH** for participating students, chaperones and employees.
- ☐ Our company is interested in media attendance. If so, name listed on press release: _____
- ☐ I need more information, please contact me.

Please complete this form and return to SA Works.

If you have any questions please email:

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