

School Malaise Trap Program

Fall 2011 Registration Form

Please submit registration no later than August 1st, 2011
Complete a separate form for each class you wish to enroll in the program

Participant Contact Information

Please save completed form and email to info@malaiseprogram.ca

School Name: _____

Elementary High School Public Catholic Independent

School Board: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Teacher Name: _____ Title: _____

Email: * _____ Telephone: _____

* Please provide an email address that you check regularly as email is the primary mode of correspondence used throughout this program.

Class Information

Would you be interested in blogging about your experience? _____ Grade: _____ # of Students: _____

(Only grades 4 - 12 are eligible for this program)

Have you participated in the School Malaise Trap Program before? Yes No

Remarks / Special Considerations: _____
Please provide us with your Twitter username:
(Please consider following our program @Sntp_Canada for updates!)

Please note that submission of this registration form does not guarantee a spot in the program and that priority will be given to early registrants. Participating schools will be contacted with full program details.

Please email completed forms to info@malaiseprogram.ca