



Professional Development Workshop  
Teacher Registration Form

Teacher Name: \_\_\_\_\_

Teacher Contact Number: \_\_\_\_\_

Teacher E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Phone Number: \_\_\_\_\_

Workshop Date and Time: \_\_\_\_\_

All workshops are free for teachers attending an Explorations performance.

If so, please indicate:

Explorations show: \_\_\_\_\_ Order #: \_\_\_\_\_

Please return form to: *The Community Theatre*

*100 South Street*

*Morristown, NJ 07960*

*Attn: Roxie Zeek, Education Assistant*

*Or by fax: 973.455.1607 or e-mail: rzeek@mayoarts.org*

If not attending an Explorations performance, please include your payment  
or Purchase Order of \$30.00 made out to: *The Community Theatre*