

This application to be used for all workshop registrations. Please duplicate as needed.

School-Community Partnerships Workshop Participant Application

The registration fee covers the cost of all workshop materials and expenses. Please make checks or purchase orders payable to: Kern County Superintendent of Schools. **The registration fee for Kern County Substance Abuse Prevention Education (KCSAPE) Partnership members will be paid by the Partnership.**

KCSAPE Partnership Member: Yes No

If you are not a partnership member, please indicate method of payment:

Check/Money Order (enclosed) Purchase Order

Payment is due prior to the first day of the workshop. Cost per person/team: \$ _____

Application must be completed in full:

Workshop Name: _____

Workshop Date: _____

Applicant: _____ Assignment/Grade: _____

School/Organization: _____ District: _____

School/Organization Address: _____

Telephone: (work) _____ (home) _____

Contact Person (if other than applicant): _____

Principal's /Supervisor's Signature: _____

Note: In order to receive a full refund for cancellations, please notify the workshop coordinator at least one week before the training date so that we may give your space to someone on the waiting list.

Please forward this application to

**Kern County Superintendent of Schools Office
School-Community Partnerships Department
Workshop Registration
1300 17th Street – University Square 5th floor
Bakersfield, CA 93301-4533
OR
Fax (661) 636-4329, (661) 636-4135**