

WORKSHOP APPLICATION
Stepping Up to the Challenge I
November 2, 2004
East Hartford High School

Name of Presenter _____
Phone _____ **Email** _____
School _____ **School Fax** _____

Name of Presenter _____
Phone _____ **Email** _____
School _____ **School Fax** _____

Name of Presenter _____
Phone _____ **Email** _____
School _____ **School Fax** _____

Name of Workshop _____

25 Word Description for Program _____

Purpose and Goals of Workshop _____

Activities

Questions to be used in Debriefing Workshop

The workshop should be 45 minutes in length. There should be a handout for each student. You will have about 20 in each workshop.

Please complete this form and get it to the following advisors by October 20th :

Sarah Jones	Manchester High School	Manchester	Advisor	Phone: (860) 647-3350 Fax: (860) 646-3727 E-Mail: b11sjones@ci.manchester.ct.us
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Denise Marcella	Holy Cross High School	Waterbury	Advisor	Phone: (203) 757-9248 Fax: (203) 757-3423 E-Mail: hcstudentact@aol.com
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Arlene Salvati	Hamden High School	Hamden	Advisor	Phone: (203) 245-4588 (H) 203-407-205 Fax: (203) 407-2057 E-Mail: arlene.salvati@hs.hamden.org
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