

DISCOVEREE



2010

Girl Scouts of Northern California
DISCOVEREE 2010
Saturday, Feb. 6, 2010
Alvarado Middle School, Union City

Workshop Description Form

Workshop Title:

Workshop Description: (50 words max!)

We offer 4 sessions of workshops each at 1½ hours in length (special 2-hour workshops upon request at the session 2 time frame) We will make every effort to schedule you as you request, however, placements will be made on first come, first served basis.. Please check at least one:

- | | | |
|--|--|---|
| <input type="checkbox"/> Any Session | <input type="checkbox"/> Session 2 10:45 am – 12:15 pm | <input type="checkbox"/> Session 3 1:15 – 2:45 pm |
| <input type="checkbox"/> Session 1 9:00 – 10:30 am | <input type="checkbox"/> Session 2 10:45-12:45 (2 hrs) | <input type="checkbox"/> Session 4 3:00 – 4:30 pm |

Please indicate your preference as to the category you would like your workshop to be listed under

- | | | |
|--|---|--|
| <input type="checkbox"/> Troop Program | <input type="checkbox"/> Outdoor Skills | <input type="checkbox"/> Personal Interest |
| <input type="checkbox"/> Songs/Games/Dance | <input type="checkbox"/> Crafts | |

Do the participants need to bring a certain item or supply? (Hint: They often forget to do this!) If so, what is it?

What age level(s) would your workshop be appropriate for?

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Daisy (K-1) | <input type="checkbox"/> Brownie (2-3) | <input type="checkbox"/> Junior (4-5) | <input type="checkbox"/> Cadette (6-8) |
| <input type="checkbox"/> Seniors (9-10) | <input type="checkbox"/> Ambassadors (11-12) | <input type="checkbox"/> Adults (18+) | <input type="checkbox"/> All |

What is the maximum number of participants you would like? _____

What is the minimum number of participants you would like? _____ (we will contact you if workshop size is not met)

We will be making every effort to contact you electronically so please make sure you print your email address and other information clearly.

Name: _____

Address: _____ I prefer to receive information through the postal service

City: _____ **Zip Code:** _____

Phone: _____ **Type** _____ **Email:** _____

Co-workshop/ Back-up workshop leader (be sure to have a back-up in case of emergency):

Name: _____ Prefers to receive information through the postal service

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Type** _____ **Email:** _____

Comments

Send your completed Workshop Description Form to: Discoveree2010@gmail.com
Fax to 925-837-6614 or mail to Discoveree 2010 WSL, 3610 Sunrise Court, Martinez, CA 94553
Questions? Email Discoveree2010@gmail.com, or leave a message at 925-229-1975