



CCWD Classroom Presentation – 2011-12 Registration Form

Mail or fax this form to:

Contra Costa Water District, ATTN: Education Coordinator

PO Box H2O, Concord, CA 94520 (925)688-8307

FAX: (925) 688-8122

Name of school: _____

Street: _____

City: _____ State: _____ Zip: _____

School phone number: _____

Contact Person: _____

Contact address (if different): _____

Contact phone(s): _____ email: _____

Classroom programs offered:

2d grade: Moving Water (60 minutes)

5th grade: Water Cycle/Water Treatment (75 minutes)

3d grade: Water Properties (60 minutes)

6th grade: Ground Water Movement (1 class period)

4th grade: California Water (90 minutes)

2nd & 3rd grade: up to 4 classes/presentations per day (ie if you have 5 classes we will schedule 2 days)

4th & 5th grade: up to 3 classes/presentations per day

All presentations are scheduled for individual classes.

Teacher & Class information

Grade Level: _____ # of classes: _____ # students per class: _____

Names of teachers: _____

So that we can provide the best experience possible to meet your needs, please indicate if your group:

Is limited English speaking Has learning disabilities Is physically challenged Other

Please explain: _____

Desired date, day and times. (these times can be refined in fall with new bell schedule)

	Date(s) or time frame	Start time 1	Start time 2	Start time 3	Start time 4
1 st choice					
2 nd choice					
3 rd choice					

Please list issues that need to be considered for scheduling (if any).

For CCWD Use:

Date & times: _____

Confirmed: _____