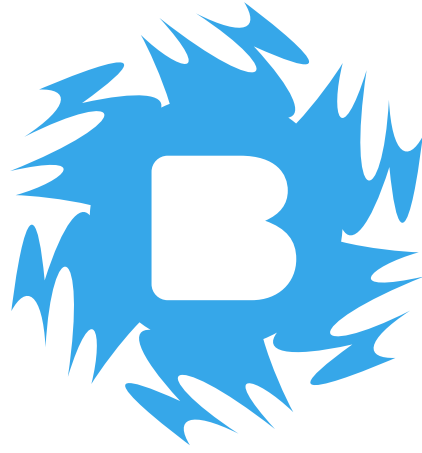


# Teacher Leadership Program Registration Form



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

Grade/subjects: \_\_\_\_\_

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

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

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

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

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

Teacher Services Coordinator  
Brooklyn Museum  
Education Division  
200 Eastern Parkway  
Brooklyn, NY 11238-6052  
Fax: (718) 501-6129

We will contact you once we have received your registration form.

## **Brooklyn Museum**

200 Eastern Parkway, Brooklyn, NY 11238-6052  
T(718) 501-6230 F(718) 501-6129  
[www.brooklynmuseum.org](http://www.brooklynmuseum.org)