



Event Leader Training Application Form

Fax to Kristin Nelson (415) 337-5205, email to knelson@astrosociety.org or send to Family ASTRO, Astronomical Society of the Pacific, 390 Ashton Avenue, San Francisco, CA 94112

Applications are due by Friday, September 24, 2004.

(Late applications may be accepted, if space allows.)

Contact Information

Name _____ School/Organization _____

Address (street/city/zip): _____

Phone: _____ E-mail: _____

- I am new to your project I have been involved with Project ASTRO.
- I have attended a Family ASTRO training event before and learned to facilitate the following kit(s)
(circle all that apply): Race To The Planets Moon Mission
 Night Sky Adventure Cosmic Decoder

I rate my knowledge of the night sky on a scale of 1-10 (1 little knowledge, 10 very knowledgeable) as: ____

I am a (please check all that apply):

<input type="checkbox"/> elementary school teacher	<input type="checkbox"/> middle school teacher	<input type="checkbox"/> high school teacher
<input type="checkbox"/> amateur astronomer	<input type="checkbox"/> professional research astronomer	<input type="checkbox"/> retired research astronomer
<input type="checkbox"/> graduate student / Post Doc		<input type="checkbox"/> community/youth group leader
<input type="checkbox"/> museum/planetarium educator		<input type="checkbox"/> other _____

Are you bilingual? What languages do you speak?

Why are you interested in participating in this program? What goals related to Family ASTRO do you have?

What is the name of the organization that will host your Family ASTRO Event(s) and where is it located?

By signing this form and attending the leader training, I agree to lead at least two family events within the next 12 months, and to work with Family ASTRO staff to help evaluate the program.

If I am a teacher, I certify that I have the approval of my principal or other administrator to participate in this activity.

Signature _____ Date _____