**Teacher Training/Membership Request Form**

Please submit this completed form with any invoices or information about the training or professional membership to Emmie Cardella, PTO Treasurer (box in the front office). We will review your request with the school administrative staff for approval and other funding sources.

If you have any questions please contact: Emmie Cardella, PTO Treasurer: [ecardella@cox.net](mailto:ecardella@cox.net) or 480-215-2180. **Please give us at least 4 weeks to review and approve your request.**

Teacher’s Name: ­­­­­­­­­­ Grade:

Your Phone: Training Cost:

Your Email:

Payable to: Date Due:

Name of Training Faculty/School:

Address:

City:State: Zip:

Phone: **Check one:** □ Return to requestor □ Mail directly to training faculty/school

What is this training or membership for?

How will this training/membership benefit your students?

How do you plan to bring this training back to benefit other Cheyenne teachers?