



Teacher Training/Membership Request Form

Please submit this completed form with any invoices or information about the training or professional membership to 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: PTO Treasurer at ctsptotreasurer@gmail.com.
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? _____
