

PARENT WORKSHOP

Sign-Up Sheet

Sponsoring Individual/Organization	Suggested Workshop Location	Proposed Workshop Dates/Times
Workshop Type (check one)	Contact Name/Telephone #	E-mail Address
<input type="checkbox"/> Active Parenting Now (for parents of children ages 5-12) <input type="checkbox"/> Active Parenting of Teens (for parents of children ages 12-18)		

Participant's Name	Telephone number & e-mail address	Ages of children
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		

Please return to the person and address below after completing the fields above.
PRACTICAL SOLUTIONS will contact you to schedule dates and times for your requested *Active Parenting* workshop.

Mail completed form to:
 Jeffery A. Faulkerson, P.O. Box 1484, Wake Forest, NC 27588