



**Jule F. Sumner High School**  
**2023 GREAT AMERICAN TEACH-IN**  
**SPEAKER REGISTRATION FORM**

Name: \_\_\_\_\_  
(Title) (Last) (First) (Initial)

Company/  
Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Presentation Topic: \_\_\_\_\_

Time of Day Available: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Time Available: 1-2 Hours \_\_\_\_\_ 3-4 Hours \_\_\_\_\_ 5-6 Hours \_\_\_\_\_ All Day \_\_\_\_\_

Preferences: Group Size \_\_\_\_\_ Number of presentations \_\_\_\_\_  
Length of presentation \_\_\_\_\_ Grade Level \_\_\_\_\_

Equipment needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please review the attached Guidelines for Speakers.** Call the school ahead of time if we can assist you in any way.

\_\_\_\_\_  
Signature of Speaker Date

Willing to volunteer for future events\* Yes \_\_\_\_\_ No \_\_\_\_\_

***\*Recurring volunteers are asked to complete an HCPS on-line volunteer application.***

**Return this form to the school's Main Office.**