



SAN JOAQUIN HISTORICAL MUSEUM
Valley Days/Partners Project

APPLICATION

Application for year _____

Name of Teacher _____

Home Address _____ City & Zip _____

Home number _____ Cell Phone _____

E-Mail Address _____

School _____ School Phone _____

School Address _____ City & Zip _____

Number of students in class _____ Grade _____

Will more than one teacher attend the same Valley Day? Yes _____ No _____

If yes, name(s) _____

How many years have you come to Valley Days? _____

If you are a returning Valley Days teacher,

Do you want a Teacher's Guide binder? Yes No

Keep a copy of this application for your records and submit the original to:

Valley Days/Partner Project
SJCHM Education Department
P.O.Box 30
Lodi, CA 95241-0030
Or FAX to (209)331-2057