



Affiliate Course Request

TASBO Affiliate: _____

Date of Request: _____

Contact Information

Name: _____

School District: _____

Phone: _____

E-mail: _____

Course Information

Course Number(s)
(ex. PER304)

Suggested Dates
(order of preference)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Locations, Suggestions, Requests or Other Information:
