TEACHER DATA SHEET
2006 NATIONAL FRENCH CONTEST

Teacher's name _____
Note: Each individual teacher must submit a data sheet.

School _____

School address: _____

_____

School phone: _____

School fax: _____

Teacher's phone: _____
[Work and/or home and/or cell]

Teacher's e-mail: _____

In-school test administrator's name and position: _____

Administrator's e-mail: _____

Administrator's phone number: _____

Test date you have chosen: _____
[If exact date is not known, please indicate range of possible dates.]

Number of students registered per level:

Fles:	_____	01	_____
1	_____	2	_____
3	_____	4	_____
5	_____	TOTAL	_____

Are you a member of the AATF? Yes _____ No _____
New member for 2009? _____

Amount enclosed: _____ (To be announced)
$6.00 per student / $6.00 / CD level PLEASE MAKE CHECKS PAYABLE TO: