



Please Complete and Return this Form by May 31, 2009

2009 AITC Literacy Project Participation Form Oregon Agriculture in the Classroom Foundation

Volunteer Information:

Name(s) _____

Business / Organization _____

Address _____

City _____ State _____ Zip Code _____ - _____

Phone _____ E-mail _____

School Information: (One Form per School)

Name _____

Address _____

City _____ State _____ Zip Code _____ - _____

Phone _____

Teacher Name	Grade	# of Students	AITC Mailing List - Y/N?	Teacher Email (optional)

Comments:

**Please return to: Oregon Agriculture in the Classroom Foundation
105 Ballard Extension Hall, Oregon State University
Corvallis, OR 97331**

Fax: (541) 737-1332 . Questions: (541) 737-8629 . Tami.Kerr@oregonstate.edu