

**2021-2023 Leadership Academy Participation Form**

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| **District:** |  |
| **Mailing Address:** |  |
| **Superintendent/Designee’s Name:** |  |
| **Contact’s Name:** |  | **Phone:** |  |
| **Contact’s Email:** |  |

Member(s) of our district will participate in the **2-Year Leadership Academy, 2019-2021**. I understand the training is a 2-year commitment.

**Fee to participate is a flat rate. $1,000 per individual per year; $2,000 total for 2-year, 10-sessions, per individual**

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| **Participant Name** | **Email Address** |
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| Superintendent/Designee Signature |  | Date |

***Return to Mabel Franks. Scan and email to*** **mafranks@mail.fresnostate.edu*****.***

***Invoice will be sent upon receipt of completed form.***