



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

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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