Corps Registration Form

Please complete and submit this form each time you begin a 16-session tutoring program.

Corps: ________________________________      Date: ____________________

Contact Person: ___________________________      Phone No.: ______________

Email: ___________________________________

Tutoring Program begin date: ________________________

Number of students in tutoring program: ______

Number of Groups these students are divided into: ______

Number of tutors: ______

Number of days per week: ______       Length of session (in minutes): ______

Number of programs in which we are using Mission: Literacy material: ______

We plan to continue using Mission: Literacy materials       Yes       No

If Yes, as part of what programs:

COMMENTS: