



The Literacy Council

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New Tutor Workshop Registration Form

Name: _____ Date: _____

Address: _____ Apt.: _____

City: _____ Zip: _____

Home phone number: _____ Work number: _____

Cell phone number: _____ E-mail address: _____

Best time/ number to contact: _____

Current employer: _____

Where did you hear about the Council? _____

PERSONAL REFERENCE:

Name: _____ Phone: _____

New tutor workshop series number you would like to register for (includes two sessions if online and six if traditional): --View Workshop Schedule on our website.

Please explain why you want to become a reading or English as a Second Language tutor:

Thank you for your interest in becoming a tutor. Please mail, fax, or scan and e-mail this completed registration form to The Literacy Council. Address: 982 N. Main St. in Rockford, IL 61103. Fax: 815.963.7347. E-mail: katrina@theliteracycouncil.org.